

Beneficiary Information

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| LAST/FAMILY NAME | First/Given Name | Middle |
| DOB (MM/DD/YYYY) | Country of Birth | Country of Permanent Residency |

U.S. EXPORT CONTROLS
Release of Controlled Technology or Technical Data to Foreign Persons

For purposes of this form, “controlled technology or data” means items, commodities, technology, software or information requiring federal agency approval under U.S. federal government laws and regulations before being exported to restricted foreign countries, persons and entities (including universities).

The Export Control Administration Regulations (“EAR”) and the International Traffic in Arms Regulations (“ITAR”) require U.S. Government approval before UTHealth releases controlled technology or technical data to foreign persons in the United States. The release of such technology or data is deemed to be an export to that person’s country of nationality. UTHealth must obtain a license from the U.S. Government before it releases controlled technology or technical data to its non-immigrant workers employed as H-1B, L-1 or O-1A beneficiaries.

UTHealth is also required to certify that it has reviewed the EAR and the ITAR and determined that either:

- (1) A license *is not* required from either the U.S. Department of Commerce or U.S. Department of State to release such technology or data to the Beneficiary, or
- (2) A license *is* required from either the U.S. Department of Commerce and/or U.S. Department of State to release such technology or data to the Beneficiary, and that UTHealth will prevent Beneficiary’s access to the technology and/or data until a license or other authorization is obtained.

NOTE: Administrative and criminal penalties exist for violations of U.S. export law. Fines to a university can be up to the greater of \$1,000,000 or five times the value of the exports for each violation, and for individuals a fine of up to \$250,000 or imprisonment for up to ten years, or both, for each violation.

For purposes of UTHealth’s review of the EAR and ITAR, the Department that is sponsoring Beneficiary must provide a detailed outline (“TECHNOLOGY/DATA OUTLINE”) of the technology and data that will be released to Beneficiary or to which Beneficiary will be exposed while at UTHealth (“TECHNOLOGY/DATA”). TECHNOLOGY/DATA includes any *equipment* that the Beneficiary will use, observe in use or be trained to use as well as *data files and folders* to which the beneficiary will have access.

In the space provided below, please provide a TECHNOLOGY/DATA OUTLINE listing the specific TECHNOLOGY/DATA that will be shared with Beneficiary. If the space on this form is not sufficient for the TECHNOLOGY/DATA OUTLINE, please append additional pages with such information.

In addition to providing the TECHNOLOGY/DATA OUTLINE, the Department must also answer the following questions:

(1) Is the nature of the TECHNOLOGY/DATA basic and/or applied scientific research where the resulting information is ordinarily published and shared broadly within the scientific community or generally made accessible or available to the public? If no, please explain.

(2) Are the results of the research or publication of scientific and technical information resulting from the research, restricted for proprietary reasons or specific U.S. Government access and dissemination controls? If yes, please explain.

(3) Are there any known applications of the TECHNOLOGY/DATA for military use, defense articles or services, or other weaponry? If yes, please explain.

Note:

If there is any change in the technology or technical data that UHealth will release or provide access to the beneficiary from what is set forth in the TECHNOLOGY/DATA OUTLINE, information regarding such change must be provided to the **Office of International Affairs** and **Office of Legal Affairs** for evaluation prior to effecting such change.

Approvals

I certify that the above information is true and correct to the best of my knowledge:

Direct Supervisor:

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|----------------------------|-------------|
| Name (Please print): _____ | |
| Title: _____ | |
| Signature: _____ | Date: _____ |

Content Approved:

Division Director / Department Chairperson

| | |
|----------------------------|-------------|
| Name (Please print): _____ | |
| Title: _____ | |
| Signature: _____ | Date: _____ |