U.S. Soccer Federation
International Clearance Request Form

MALE ☐
FEMALE ☐

A. BIOGRAPHICAL INFORMATION (Type or print clearly)

Player's Last Name	First Name	Middle Initial
Mother's Maiden Name	First Name	Middle Initial
Father's Last Name	First Name	Middle Initial
Current United States Address	City State	Zip
E-mail Address	Home Phone Number ( ) -	Mobile Phone Number ( ) -
Date of Birth (mm/dd/yyyy) / /		
Place of Birth (City & State)	Country	Citizenship

B. REQUEST FOR INTERNATIONAL TRANSFER CERTIFICATE (Must be completed)

Last Foreign Club Participated	League	State/Country
Date of Last Game (mm/dd/yyyy) / /	Professional/Amateur	Date Clearance Requested (mm/dd/yyyy) / /
Club Wishing to Participate With	League	State/Country

I hereby confirm all of the above information to be correct. I also confirm that I am presently not under a professional contract to any other team (domestic or foreign) and I am not under suspension by any member organization of Federation Internationale de Football Association.

Signature of Player	Date (mm/dd/yyyy) / /
Signature of Parent or Guardian (if applicable)	Date (mm/dd/yyyy) / /

Please complete and submit this form either by fax or mail to:

U.S. Soccer Federation
Attn: Player Registration
1801 South Prairie Avenue
Chicago, IL 60616
312-808-1300
312-808-9263 fax