



**UNITED STATES SOCCER FEDERATION, INC.
INTERNATIONAL CLEARANCE REQUEST FORM**

MALE
FEMALE

A. BIOGRAPHICAL INFORMATION
(Type or print clearly)

| | | | |
|---|-----------------------------------|-------------------------------------|---------|
| Player's Last Name | First Name | Middle Name | |
| Mother's Last Name (including maiden) | First Name | Middle Name | |
| Father's Last Name | First Name | Middle Name | |
| Permanent Address | City | State | Zip |
| Present Address (if different than permanent) | City | State | Zip |
| Month / Day / Year | Social Security Number (Optional) | Place of Birth (City & State) | Country |
| Citizenship | Telephone Number | Contact Number in the United States | |

B. REQUEST FOR INTERNATIONAL TRANSFER CERTIFICATE

| | | |
|----------------------------------|----------------------|--------------------------|
| Last Club Participated With | League | Country |
| Date of Last Game | Professional/Amateur | Date Clearance Requested |
| Club Wishing to Participate With | League | State |

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

| | |
|---|------|
| Signature of Player | Date |
| Signature of Parent or Guardian (if applicable) | Date |