



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
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Mother's Maiden Name	First Name	Middle Initial
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Father's Last Name	First Name	Middle Initial
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Current United States Address	City	State	Zip
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E-mail Address	Home Phone Number	Mobile Phone Number
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Date of Birth (mm/dd/yyyy)	() -	() -
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Place of Birth (City & State)	Country	Citizenship
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B. REQUEST FOR INTERNATIONAL TRANSFER CERTIFICATE (Must be completed)

Last Foreign Club Participated	League	State/Country
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Date of Last Game (mm/dd/yyyy)	Professional/Amateur	Date Clearance Requested (mm/dd/yyyy)
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Club Wishing to Participate With	League	State/Country
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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)
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Signature of Parent or Guardian (if applicable)	Date (mm/dd/yyyy)
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Please complete and submit this form either by fax or mail to:

U.S. Soccer Federation
Attn: Player Registration
1801 South Prairie Avenue