



**United States Soccer Federation, Inc.
International Clearance
Request Form (ITC 3-03)**

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 _____

Date of Birth _____ Social Security Number _____

Month Day Year (optional) _____ Place of Birth (City & State) _____ Country _____

Citizenship _____ Contact Number in the United States _____

B. REQUEST FOR INTERNATIONAL TRANSFER CERTIFICATE

Last Foreign Club Participated _____ League _____ State/Country _____

Date of Last Game _____ Professional/Amateur _____ Date Clearance Requested _____

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 _____

Signature of Parent or Guardian (if applicable) _____ Date _____

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

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