



**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