



# 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 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:**

Illinois State Soccer Association  
2025 S. Arlington Heights Rd., Suite 111  
Arlington Heights, IL 60005  
T: 847-264-8983  
E: ILStateSoccer@gmail.com