



**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 any suspension by any member organization of Federation Internationale de Football Association.

Signature of Player	Date _____ 20__
Signature of Parent or Guardian (if applicable)	Date _____ 20__

**Forms to be returned to:
Registrations Department, The Football Association
Wembley Stadium, PO Box 1966
London, SW1P 9EQ
Direct Fax: 0844 980 0663
Direct Email: registrations@thefa.com**