



**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**