

## UNITED STATES SOCCER FEDERATION, INC. INTERNATIONAL CLEARANCE REQUEST FORM

CCER'	MALE [
BIOGRAPHICAL INFORMATION	FEMALE [
(Type or print clearaly)	

Player's Last Name	First Name		Middle Name  Middle Name	
Mother's Last Name (including maiden)	First Name			
	•			
Father's Last Name	First Name	90, 2 4, 2	Middle Name	
Permanent Address	City	State	Zip	
Present Address (if different than permanent)	City	Siaie	Zip	
Month Day Year				
Date of Birth Social Security Nur		th (City & State)	Country	
Citizenship	Telephone Number	Contact	Number in the United States	
REQUEST FOR INTERNATIONAL T	TRANSFER CERTIFICATE			
Last Club Participated With	League		Country	
Date of Last Game	Professional/Amateur	Date	Date Clearance Requested	
Club Wishing to Participate With	League		State	
hereby confirm all of the above information ther team (domestic or foreign) and I am not poolball Association.	to be correct. I also confirm that I under suspension by any member	am presently not un organization of the l	der professional contract to a Federation Internationale de	
gnature of Player		Date	Date	
,				
gnature of Parent or Guardian (if applicable	)	Date	CEIVED	

U.S. Soccer House — 1801-1811 S. Prairie Avenue — Chicago, Illinois 60616

Telephone (312) 808-1300 — Telefax (312) 808-9263 — E-Mail player\_regis-ration@ussoccer.org

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