U.S. Soccer Federation
International Clearance Request Form
(ITC 5-11)

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

_____ _____ _____ _____
Most Recent United States Address City State Zip Code

_____ _____
E-mail Address Primary Phone Number

Birth Date_____ Gender Male / Female
Month Day Year

_____ _____
Country of Birth Country of Citizenship

B. REQUEST FOR INTERNATIONAL TRANSFER CERTIFICATE
(This section **MUST** be completed or the application will **NOT** be processed)

_____ _____ _____
Last Foreign Club Participated State/Country League

Date of Last Game _____ _____
Month Day Year Professional/Amateur

_____ _____ _____
Club Wishing to Participate With State/Country League

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: Month Day Year

_____ _____
Signature of Parent or Guardian Date: Month Day Year
(Required for any player under the age of 18)

Please complete and submit this form by mail, e-mail or fax to:

U.S. Soccer Federation
Attn: Player Registration
1801 South Prairie Avenue
Chicago, IL 60616
312-808-1300
312-808-9263 Fax
player_registration@ussoccer.org