



# 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	Professional/Amateur	
_____ Month    Day    Year		
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 (Required for any player under the age of 18)	Date:    Month    Day    Year

**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](mailto:player_registration@ussoccer.org)