



United States Soccer Federation, Inc. International Clearance Request Form

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

Signature of Player Date

Signature of Parent or Guardian (if applicable) Date

Please complete and submit this form either by fax or mail to:

South Dakota State Soccer Association
3701 Freda Circle
Sioux Falls, SD 57103
605-371-2255
605-371-2636 fax