



U.S. Soccer Federation 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 _____

E-mail Address _____ Home Phone Number () - () - Mobile Phone Number

Date of Birth (mm/dd/yyyy) / /

Place of Birth (City & State) _____ Country _____ Citizenship _____

B. REQUEST FOR INTERNATIONAL TRANSFER CERTIFICATE (Must be completed)

Last Foreign Club Participated _____ League _____ State/Country _____

Date of Last Game (mm/dd/yyyy) / / Professional/Amateur _____ Date Clearance Requested (mm/dd/yyyy) / /

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 (mm/dd/yyyy) / /

Signature of Parent or Guardian (if applicable) _____ Date (mm/dd/yyyy) / /

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

**Connecticut Junior Soccer Association
11 Executive Drive
Farmington, CT 06032
860-676-1161
860-676-1162 fax**