



# 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:**

Florida Youth Soccer Association  
7201 Lake Ellenor Drive, Suite 200  
Orlando, FL 32809  
Fax: 407-852-6771

[bc@fysa.com](mailto:bc@fysa.com) (along with the birth certificate)