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 Assocation
7201 Lake Ellenor Drive, Suite 200
Orlando, FL 32809
Fax: 407-852-6771
bc@fysa.com (along with the birth certificate)