

PLEASE FAX THIS FORM BACK TO: 0141 616 6055
OR POST FORM TO : REGISTRATIONS DEPARTMENT, SCOTTISH FOOTBALL
ASSOCIATION, HAMPDEN PARK, GLASGOW G42 9AY
(PLEASE ENSURE YOU FILL IN ALL PARTS OF THIS FORM)

**INTERNATIONAL CLEARANCE REQUEST TO THE UNITED STATES
 SOCCER FEDERATION**

PLAYER'S SURNAME:	
PLAYER'S FIRST NAME:	
PLAYER'S MIDDLE NAME(S):	
MOTHER'S LAST NAME:	
MOTHER'S FIRST NAME:	
FATHER'S LAST NAME:	
FATHER'S FIRST NAME:	
PERMANENT ADDRESS:	
CITY:	
COUNTRY:	
DATE OF BIRTH:	
PLACE & COUNTRY OF BIRTH:	
CITIZENSHIP	
SOCIAL SECURITY NUMBER	
LAST CLUB PLAYED WITH IN U.S.A. <i>(PLEASE INCLUDE AS MANY DETAILS AS POSSIBLE)</i>	
LEAGUE & STATE IN U.S.A.	
DATE OF LAST GAME IN U.S.A.:	
PROFESSIONAL OR AMATEUR?	
DATE OF CLEARANCE REQUEST:	
CLUB WISHING TO PLAY FOR IN SCOTLAND:	
SIGNATURE OF PLAYER:	
TELEPHONE NUMBER (CONTACT)	

