



# ISSA Player Request Release Form

## ILLINOIS STATE SOCCER ASSOCIATION

2775 W Algonquin Rd Rd, Suite 240, Rolling Meadows, IL 60008 | T: 847-264-8983

E: [ILStateSoccer@gmail.com](mailto:ILStateSoccer@gmail.com) | [www.illinoisoccer.org](http://www.illinoisoccer.org)

PLAYER CURRENT Registration Information	
Last Name	First
ISSA Member ID	Birth Date
League	Division
Team Name	
Reason for requesting release	

**I declare that I do not have any items belonging to the club and owe them nothing**

Signature	
Player Signature	Date

### Communication

<input type="checkbox"/>	Contacted Club by phone or email	Date
<input type="checkbox"/>	Club answered	Date
<input type="checkbox"/>	Club AGREES to release player	
<input type="checkbox"/>	Club REFUSES to release player	Reason
<input type="checkbox"/>	Player informed	Date
<input type="checkbox"/>	Player Complies with Club Claim	Date
<input type="checkbox"/>	Player Challenges Club – hearing set	Date

### Disposition for case

<input type="checkbox"/>	Player RELEASED	
<input type="checkbox"/>	Player transferred	Team
<input type="checkbox"/>	Player NOT released	Reason

X

ISSA Official