



Alien's Change of Address Card

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form AR-11
OMB No. 1615-0007
Expires 08/31/2018

NOTE: An asterisk (*) indicates a mandatory field that must be completed.

Information About You

*Family Name (Last Name)	*Given Name (First Name)	Middle Name (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>

I am in the United States as a: Visitor Student Permanent Resident Other (Specify)

Country of Citizenship	*Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

Alien Registration Number (A-Number) (if any)

▶ A-

Information About Your Address

***Present Physical Address** (No PO Boxes)

*Street Number and Name	Apt. Ste. Flr.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
*City or Town	*State	*ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous Physical Address

Street Number and Name	Apt. Ste. Flr.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address (optional)

Street Number and Name	Apt. Ste. Flr.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your Signature

*Your Signature	Date of Signature (mm/dd/yyyy)
➔ <input type="text"/>	<input type="text"/>

Address Change Information and Instructions

All aliens subject to registration requirements must use this form to report a change of address within 10 days of such change. The collection of this information is required by Section 265 of the Immigration and Nationality Act (8 U.S.C. 1305). U.S. Citizenship and Immigration Services (USCIS) uses the data collected on this form for statistical and record-keeping purposes, and may share this information with other Federal, state, local, and foreign law enforcement officials. Failure to report a change of address is punishable by fine or imprisonment and/or removal from the United States.

NOTE: This form is not evidence of identity, age, or status claimed.

Instructions

Complete all fields on this form, sign and date the form, and mail it to the address below.

Mail your completed Form AR-11 to:

**U.S. Department of Homeland
Security
Citizenship and Immigration Services
Attn: Change of Address
1344 Pleasants Drive
Harrisonburg, VA 22801**

USCIS Privacy Act Statement

AUTHORITIES: USCIS collects this information under Section 265 of the Immigration and Nationality Act (INA), as amended, 8 U.S.C. section 1305.

PURPOSE: The primary purpose for providing the requested information on this form is to report a change of address within 10 days of the change.

DISCLOSURE: Failure to report a change of address may result in a fine, imprisonment and/or removal. 8 U.S.C. sections 1227(a)(3), 1306. Failure to comply may also jeopardize your ability to obtain a future visa or other immigration benefits.

ROUTINE USES: USCIS may share the information you provide on this form with other Federal, state, local, and foreign government agencies and authorized organizations in accordance with the approved routine uses described in the associated published system of records notices [DHS-USCIS-007 - Benefits Information System which can be found at www.dhs.gov/privacy]. The information may also be made available, as appropriate, for law enforcement purposes or in the interest of national security.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response in paper format and 6 minutes when submitted electronically, including the time for reviewing instructions, gathering the required documentation and information, completing the request, attaching necessary documentation, and submitting the request. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0007. **Do not mail your completed Form AR-11 to this address.**