TABLE OF CHANGES – FORM Form AR-11, Alien's Change of Address

OMB Number: 1615-0007

08/07/2014

Reason for Revision: AR-11 is being revised to update the standard language.

Current Section and Page Number	Current Text	Proposed Text
Page 1	Name (Last in CAPS) (First Name) (Middle Name)	Information About You *Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) I am in the United States as a: _Visitor _Student _Permanent Resident _Other (Specify)
	Country of Citizenship	Country of Citizenship
	Date of Birth (mm/dd/yyyy)	*Date of Birth (<i>mm/dd/yyyy</i>)
	A-Number (Copy Number From Alien Card)	Alien Registration Number (A-Number)
		Are you subject to Special Registration (SR)?
		Information About Your Address *Mailing Address (if different from address below)
		*Street Number and Name
		Apt. Ste. Flr. Number
		*City or Town
		*State
		*ZIP Code
	Present Address	*Present Physical Address (No PO Boxes)
	(Street or Rural Route)	*Street Number and Name
		Apt. Ste. Flr. Number
	(City or Post Office)	*City or Town
	(State)	*State
	(Zip Code)	*ZIP Code

(If the above address is temporary) I expect to remain there

Years

Months

Last Address

(Street or Rural Route)

(City or Post Office)

(State)

(Zip Code)...

I work for or attend school at: (Employer's Name or Name of School) (Street Address or Rural Route) (City or Post Office) (State) (Zip Code)

Port of Entry Into U.S. Date of Entry Into U.S.(mm/dd/yyyy) If not a Permanent Resident,my stay in the U.S. expires on: (Date - mm/dd/yyyy)

Signature
Date (*mm/dd/yyyy*)

AR-11, Alien's Change of Address Card

This card is to be used by all aliens 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). The data is used by U.S. Citizenship and Immigration Services for statistical and record purposes and may be furnished to Federal, State, local and foreign law enforcement officials. Failure to report a change of address is punishable by fine or imprisonment and/or removal.

ADVISORY: This card is not evidence of identity, age, or status claimed.

If your present physical address is temporary, for how long do you expect to remain there?

From (*mm/dd/yyyy*)
To (*mm/dd/yyyy*)

Previous Physical Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code...

[Deleted]

[Deleted]

Alien's Signature

*Alien's Signature

Date of Signature (mm/dd/yyyy)

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 uses the data collected through this form for statistical and record 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.

	Mail Your Form AR-11 to the Address Below: U.S. Department of Homeland Security Citizenship and Immigration Services Attn: Change of Address 1344 Pleasants Drive Harrisonburg, VA 22801	Mail Your Form AR-11 to the Address Below: U.S. Department of Homeland Security Citizenship and Immigration Services Attn: Change of Address 1344 Pleasants Drive Harrisonburg, VA 22801
Paperwork Reduction Act	burden, to: U.S. Citizenship and Immigration Services, Regulatory Products Division, Office of the Executive Secretariat, 20 Massachusetts Avenue, N.W., Washington, DC 20529-2020. OMB No. 1615-0007. Do not mail your application to this address.	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 5 minutes per response, including the time for reviewing instructions and completing and submitting the form. 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; O M B No. 1615-0007. Do not mail your completed Form AR-11 to this address.