

Alien's Change of Address Form

NAME (Last in CAPS) (First) (Middle) I AM IN THE UNITED STATES AS:
 Visitor Permanent Resident
 Student Other (Specify)

COUNTRY OF CITIZENSHIP	DATE OF BIRTH	A # (COPY NUMBER FROM ALIEN CARD)	SOCIAL SECURITY NUMBER
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PRESENT ADDRESS (Street or Rural Route) (City or Post Office) (Country) (State) (ZIP Code)

(IF ABOVE ADDRESS IS TEMPORARY) I expect to remain there ___ years ___ months

LAST ADDRESS (Street or Rural Route) (City or Post Office) (Country) (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) (Country) (State) (ZIP Code)

PORT OF ENTRY INTO U.S.	DATE OF ENTRY INTO U.S.	IF NOT A PERMANENT RESIDENT, MY STAY IN THE U.S. EXPIRES ON: (Date)
SIGNATURE	DATE	

AR-11 (Rev. 02/20/04)Y

ALIEN'S CHANGE OF ADDRESS FORM

This form is to be used by all aliens to report change of address within 10 days of such change.

The collection of this information is required by Section 265 of the I&N Act (8 U.S.C. 1305). The data used by the Bureau of Citizenship and Immigration Service for statistical and record purposes and may be furnished to federal, state, local and foreign law enforcement officials. Failure to report is punishable by fine or imprisonment and/or deportation.

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

Public Reporting Burden. Under the Paperwork Reduction Act, an agency may not conduct or sponsor an information collection and a person is not required to respond to an information collection unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. This collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including for reducing this burden to: Bureau of Citizenship and Immigration Services, HQRF5, 425 I Street, N.W., Room 4034, Washington, DC 20536; OMB No. 1615-0007. *Do not mail your completed form to this address.* **MAIL YOUR FORM TO THE ADDRESSES SHOWN BELOW:**

For commercial overnight or fast freight

U.S. DEPARTMENT OF HOMELAND SECURITY
 Bureau of Citizenship and Immigration Services
 Change of Address
 P.O. Box 7134
 London, KY 40742-7134

U.S. DEPARTMENT OF HOMELAND SECURITY
 Bureau of Citizenship and Immigration Services
 Change of Address
 1084-I South Laurel Road
 London, KY 40744

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- 1) Fold the page at the dotted line marked "Fold Here" so that the address is visible.
IMPORTANT: Make sure the address section is visible after the folds are made.
 - 2) Secure the folded form by firm creases in the paper and a piece of tape (do not staple).
 - 3) Place appropriate postage stamp in the area marked "Place Stamp Here".
 - 4) Mail the form.

Fold Here (1st)



PLACE
STAMP
HERE

US DEPARTMENT OF HOMELAND SECURITY
BUREAU OF CITIZENSHIP AND IMMIGRATION SERVICES
CHANGE OF ADDRESS
PO BOX 7134
LONDON KY 40742-7134



Fold Here (2nd)