

**Alien's Change of Address Card**

NAME (Last in CAPS)	(First)	(Middle)	I AM IN THE UNITED STATES AS:
			<input type="checkbox"/> Visitor <input type="checkbox"/> Permanent Resident
			<input type="checkbox"/> Student <input type="checkbox"/> Other . . . . . (Specify)

COUNTRY OF CITIZENSHIP	DATE OF BIRTH	COPY NUMBER FROM ALIEN CARD
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PRESENT ADDRESS	(Street or Rural Route)	(City or Post Office)	(State)	(ZIP Code)
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(IF ABOVE ADDRESS IS TEMPORARY) I expect to remain there \_\_\_\_\_ years \_\_\_\_\_ months

LAST ADDRESS	(Street or Rural Route)	(City or Post Office)	(State)	(ZIP Code)
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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)
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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. 02/19/02)Y

**ALIEN'S CHANGE OF ADDRESS CARD**

This card 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 Immigration and Naturalization 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 card 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: Immigration and Naturalization Service, 425 I Street, N.W., Room 4034, Washington, DC 20536; OMB No. 1115-0003. **Do not mail your completed form to this address. MAIL YOUR FORM TO THE ADDRESS SHOWN BELOW:**

U.S. DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service  
HQ ORM  
425 I Street NW  
ULLICO 4th Floor  
Washington, DC 20536