U.S. Citizenship and Immigr	•	AR-11, Alien's Change of Address Card		
Name (Last in CAPS)	(First Nama)	(Middle Name)	Lam in the United States as a:	

Name (Last in CAPS)	(First Name)	(Middle Name)	I am in the United States as a:		
			Visitor Perma	anent Resident	
			Student Other	(Specify)	
Country of Citizenship	Date of Birth	n (mm/dd/yyyy)	A-Number (Copy Number)	A-Number (Copy Number From Alien Card)	
			A		
Present Address (Stre	eet or Rural Route)	(City or Post Office)	(State)	(Zip Code)	
(If the above address is	temporary) I expect to remain there	e Years	Months		
Last Address (Stree	et or Rural Route)	(City or Post Office)	(State)	(Zip Code)	
I work for or attend scl	nool at: (Employer's Name or Name	e of School)			
(Street Address or Run	al Route)	(City or Post Office)	(State)	(Zip Code)	
Port of Entry Into U.S.		Date of Entry Into U.S. (mm/dd/yyyy)	my stay in the U.	If not a Permanent Resident, my stay in the U.S. expires on: (Date - mm/dd/yyyy)	
Signature		Date (mm/dd/yyyy)			
			Form	AD 11 (Day 04/01/11) M	

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.

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 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 Products Division, Office of the Executive Secretariat, 20 Massachusetts Avenue, N.W., Washington, DC 20529-2020. OMB No. 1615-0007. This form expires September 30, 2011. Do not mail your application to this address.

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