

TABLE OF CHANGES – FORM
Form AR-11, Alien’s Change of Address
OMB Number: 1615-0007
08/31/2015

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

| Current Section and Page Number | Current Text | Proposed Text |
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| <p>Page 1</p> | <p>*Indicates mandatory fields that must be completed.</p> <p>*Name (Last in CAPS) *(First Name) (Middle Name)</p> <p>Country of Citizenship *Date of Birth (mm/dd/yyyy) A-Number (Copy Number From Alien Card) A-</p> <p>*Present Address (Street or Rural Route)</p> <p>*(City or Post Office) *(State) *(Zip Code)</p> <p>(If the above address is temporary) I expect to remain there Years Months</p> <p>Last Address (Street or Rural Route)</p> <p>(City or Post Office) (State) (Zip Code)</p> | <p>[Page 1]</p> <p>NOTE: An asterisk (*) indicates a mandatory field that must be completed.</p> <p>Information About You *Family Name (Last Name) *Given Name (First Name) Middle Name (if applicable)</p> <p>I am in the United States as a: Visitor/Student/Permanent Resident/Other (Specify)</p> <p>Country of Citizenship *Date of Birth (mm/dd/yyyy) Alien Registration Number (A-Number) (if any)</p> <p>Information About Your Address</p> <p>*Present Physical Address (No PO Boxes) *Street Number and Name Apt. Ste. Flr. Number *City or Town *State *ZIP Code</p> <p>[Deleted]</p> <p>Previous Physical Address Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code</p> <p>Mailing Address (optional) Street Number and Name Apt. Ste. Flr. Number City or Town</p> |

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| | <p>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)</p> <p>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)</p> <p>Signature Date (mm/dd/yyyy)</p> | <p>State ZIP Code</p> <p>[Deleted]</p> <p>[Deleted]</p> <p>Your Signature *Your Signature Date of Signature (mm/dd/yyyy)</p> |
| <p>Page 1,</p> | <p>AR-11, Alien’s Change of Address Card</p> <p>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.</p> <p>ADVISORY: This card is not evidence of identity, age, or status claimed.</p> <p>Mail Your Form AR-11 to the Address Below:</p> <p>U.S. Department of Homeland Security Citizenship and Immigration Services Attn: Change of Address 1344 Pleasants Drive Harrisonburg, VA 22801</p> | <p>[Page 2]</p> <p>Address Change Information and Instructions</p> <p>All aliens subject to registration requirements must use this form to report a change of address within 10 days of such a 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.</p> <p>NOTE: This form is not evidence of identity, age, or status claimed.</p> <p>Instructions</p> <p>Complete all fields on this form, sign and date the form, and mail it to the address below.</p> <p>Mail your completed Form AR-11 to:</p> <p>U.S. Department of Homeland Security Citizenship and Immigration Services Attn: Change of Address 1344 Pleasants Drive Harrisonburg, VA 22801</p> |

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| | <p>Paperwork Reduction Act</p> <p>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. Do not mail your application to this address.</p> | <p>USCIS Privacy Act Statement</p> <p>AUTHORITIES: USCIS collects this information under Section 265 of the Immigration and Nationality Act (INA), as amended, 8 U.S.C. section 1305.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Paperwork Reduction Act</p> <p>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.</p> |
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