Department of Homeland Security

U.S. Citizenship and Immigration Services

OMB No. 1615-0007; Expires 09/30/11 AR-11 SR, Alien's Change of Address Card

Name (Last in CAPS)	(First Name)	(Middle Name)	I am in the United States as a:		
			Student	Other	
Country of Citizenship	Date	of Birth (mm/dd/yyyy)	Copy Number F	From Alien Car	ď
			А		
Present Address (Stree	t or Rural Route)	(City or Post Office)		(State)	(Zip Code)
(If the above address is temporary) I expect to remain there		ere Years	Mont	Months	
Last Address (Street o	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 Rura	l Route)	(City or Post Office)		(State)	(Zip Code)
Port of Entry Into U.S. Signature		Date of Entry Into U.S. (mm/dd/y	my s	If not a Permanent Resident, my stay in the U.S. expires on: (Date - mm/dd/yyyy)	
		Date (mm/dd/yyyy)			
Fingerprint Identification	n Number (FIN):				

Special Registration

Form AR-11 SR (Rev. 10/06/08) Y

AR-11 SR, Alien's Change of Address Card

This card is to be used by all aliens to report a change of address within ten 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 five 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 Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0007. **Do not mail your application to this address.**

Mail Your Form to the Address Shown Below:

Department of Homeland SecurityFor commercial overnight or fast freightU.S. Citizenship and Immigration ServicesDepartment of Homeland SecurityChange of AddressU.S. Citizenship and Immigration ServicesP.O. Box 71341084-I South Laurel RoadLondon, KY 40742-7134London, KY 40742-7134