NAME (Last in CAPS) (First) (Middle)

I AM IN THE UNITED STATES AS:

☐ Vistor ☐ Permanent Resident
☐ Student ☐ Other . . . . . .
(Specify)

COUNTRY OF CITIZENSHIP

DATE OF BIRTH

COPY NUMBER FROM ALIEN CARD

A

PRESENT ADDRESS (Street or rural route) (City or Post Office) (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) (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) (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. 10-1-85)N
484-218

OMB No. 1115-0003

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.

REQUIRED BY SEC 265 I & N ACT (8 USC 1305) DATA USED BY INS FOR STATISTICAL & RECORD PURPOSES & MAY BE FURNISHED FEDERAL, STATE, LOCAL & FOREIGN LAW ENFORCEMENT OFFICIALS, INEXCUSABLE FAILURE TO REPORT PUNISHABLE BY FINE OR IMPRISONMENT AND/OR DEPORTATION

This card is, not evidence of identity, age, or status claimed

U.S. DEPARTMENT OF JUSTICE

Immigration and Naturalization Service

Washington, D.C. 20536

PLACE STAMP HERE