

AR-11, Alien's Change of Address Card

*Name (Last in CAPS) 성	*(First Name) 이름	(Middle Name) 이민신분 →	I am in the United States as a: <input type="checkbox"/> Visitor <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student <input type="checkbox"/> Other _____ (Specify)	
Country of Citizenship 국적	*Date of Birth (mm/dd/yyyy) 생년월일		A-Number (Copy Number From Alien Card) A- <input type="text"/> 영주권	
*Present Address (Street or Rural Route) 현재 주소		*(City or Post Office)	*(State)	*(Zip Code) 번호
(If the above address is temporary) I expect to remain there _____ Years _____ Months				
Last Address (Street or Rural Route) 이전 주소		(City or Post Office)	(State)	(Zip Code)
I work for or attend school at: (Employer's Name or Name of School) 나의 직장이나 학교				
(Street Address or Rural Route) 주소		(City or Post Office)	(State)	(Zip Code)
Port of Entry Into U.S. 미국 입국한 공항	Date of Entry Into U.S. (mm/dd/yyyy) 입국 날짜	If not a Permanent Resident, my stay in the U.S. expires on: (Date - mm/dd/yyyy) 체류 만기일 (비 영주권자만)		
*Signature 서명	Date (mm/dd/yyyy) 작성날짜			



Form AR-11 (Rev. 12/11/11) Y

* Indicates mandatory fields that must be completed.

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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. **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

← 보내주소

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*Name (Last in CAPS) KIM	*(First Name) Chul	(Middle Name) Soo	I am in the United States as a: <input type="checkbox"/> Visitor <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student <input checked="" type="checkbox"/> Other E2 (Specify)	
Country of Citizenship South Korea	*Date of Birth (mm/dd/yyyy) 5-25-1980		A-Number (Copy Number From Alien Card) A- <input type="text"/>	
*Present Address (Street or Rural Route) 2000 W. Olympic Blvd.		*(City or Post Office) Los Angeles	*(State) CA	*(Zip Code) 90006
(If the above address is temporary) I expect to remain there _____ Years _____ Months				
Last Address (Street or Rural Route) 800 S. Harvard Ave.		(City or Post Office) Los Angeles	(State) CA	(Zip Code) 90005
I work for or attend school at: (Employer's Name or Name of School) ABC Restaurant				
(Street Address or Rural Route) 2000 8th Street		(City or Post Office) Beverly Hills	(State) CA	(Zip Code) 90212
Port of Entry Into U.S. Los Angeles, CA	Date of Entry Into U.S. (mm/dd/yyyy) 8-17-2004	If not a Permanent Resident, my stay in the U.S. expires on: (Date - mm/dd/yyyy) 8/12/2014		
*Signature Chul Soo Kim	Date (mm/dd/yyyy) 1/20/2013			

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