



Alien's Change of Address Card

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form AR-11
OMB No. 1615-0007
Expires 03/31/2021

NOTE: An asterisk (*) indicates a mandatory field that must be completed.

Information About You

Family Name (Last Name)

Sekhon

Given Name (First Name)

Gaurav

Middle Name (if applicable)

I am in the United States as a: ☐ Visitor ☐ Student ☐ Permanent Resident ☒ Other (Specify)

Country of Citizenship

Canada

Date of Birth (mm/dd/yyyy)

07/05/1991

Alien Registration Number (A-Number) (if any)

▶ A-

Information About Your Address

Present Physical Address No PO Boxes)

Street Number and Name

199 2ND ST

Apt. Ste. Flr. Number

☒ ☐ ☐

E420

City or Town

MINEOLA

State

NY

ZIP Code

11501

[\(USPS ZIP Code Lookup\)](#)

Previous Physical Address

Street Number and Name

365 STEWART AVE.

Apt. Ste. Flr. Number

☒ ☐ ☐

A09

City or Town

GARDEN CITY

State

NY

ZIP Code

11530

Mailing Address optional)

Street Number and Name

199 2ND ST

Apt. Ste. Flr. Number

☒ ☐ ☐

E420

City or Town

MINEOLA

State

NY


ZIP Code

11501

[\(USPS ZIP Code Lookup\)](#)

Your Signature

Your Signature



Date of Signature (mm/dd/yyyy)

05/20/2021

Your Online Confirmation Number is:

COA14021002063

Address Change Information and Instructions

All aliens subject to registration requirements must use this form to report a change of address within 10 days of such change. The collection of this information is required by Immigration and Nationality Act (INA) section 265 (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 law enforcement officials. Failure to report a change of address is punishable by fine or imprisonment and/or removal from the United States.

NOTE: This form is not evidence of identity, age, or status claimed.

IMPORTANT: If you are in immigration proceedings, you must separately notify the Immigration Court of any address changes. Filing Form AR-11 with USCIS does not update your address with the Immigration Court.

Instructions

Complete all fields on this form, sign and date the form, and mail it to the address below.

Mail your completed Form AR-11 to:

**U.S. Department of Homeland Security
Citizenship and Immigration Services
Attn: Change of Address
1344 Pleasants Drive
Harrisonburg, VA 22801**

DHS Privacy Notice

AUTHORITIES: The information requested on this form is collected under the Immigration and Nationality Act (INA) section 265.

PURPOSE: The primary purpose for providing the requested information on this form is to report a change of address. Except for those exempted, all aliens in the U.S. are required to report any change of address or new address. DHS uses the information you provide to contact you about the immigration benefit you are seeking.

DISCLOSURE: The information you provide is mandatory. Failure to report a change of address may result in a fine, imprisonment and/or removal (8 U.S.C. sections 1227(a)(3) and 1306). Failure to comply could also jeopardize your ability to obtain a future visa or other immigration benefits.

ROUTINE USES: DHS may share the information you provide on this form with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCIS-001 - Alien File, Index, and National File Tracking System and DHS/USCIS-007 - Benefits Information System] and the published privacy impact assessments [DHS/USCIS/PIA-018 Alien Change of Address Card (AR-11)] which you can find at www.dhs.gov/privacy. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

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 Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions, gathering the required documentation and information, completing the request, preparing statements, 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.**