

TO BE COMPLETED
BY VISITING
PROGRAM
PARTICIPANT

Change of Address Form

Instructions: Federal rules and regulations require non-immigrants to provide a change of residential address, local telephone number, and/or e-mail address **within ten (10) days** of the change. Failure to report the change is a violation of immigration status and may lead to termination of your stay in the U.S. and/or other penalties as set by the U.S. Department of Homeland Security (DHS). In addition:

- Provide your new address and contact information to your Institute/Center's Administrative Officer.
- **NIH-sponsored J-1 and J-2 Exchange Visitors MUST** notify DIS of the change of contact information within ten (10) days for DIS to report the change in the Student Exchange Visitor Information System (SEVIS). DIS notification in SEVIS fulfills DHS's change of address requirement. All other J-1 and J-2 Exchange Visitors must notify their program sponsor of the change.
- **F-1 Students MUST** notify the Designated School Official (DSO) at their school of the change of contact information within ten (10) days.
- **For most other non-immigrants (such as those in H-1B, O-1, or TN status):** DHS requires that you **MUST** report a change of address within ten (10) days (via the U.S. Citizenship and Immigration Services (USCIS)) of residential address change. See form AR-11 at <http://www.uscis.gov/> under "Forms."

NAME AND CONTACT INFORMATION

Family Name: _____
 Given Name: _____ Date of Birth (MM/DD/YYYY): _____
 Current Immigration status: _____ Country of Citizenship: _____

New U.S. residential address and contact information:

Note: A physical street address is required. Write "N/A" (not applicable) if there are no changes in your contact information.

Street: _____ Apt #: _____
 City: _____ State: _____ Zip: _____ Local Telephone: _____
 Personal E-mail: _____ E-mail of Spouse (if in J-2 status): _____
 (REQUIRED) Signature: _____ (REQUIRED) Date (Month/Day/Year): _____

Mailing address, if different than above:

Street: _____ Apt #: _____
 City: _____ State: _____ Zip: _____

If your dependents are in J-2 status, will they also reside at this U.S. residential address?

- YES
 NO

Do you telework at your home address?

- YES
 NO

Do you have a telework agreement in place?

- YES
 NO

If no, provide address on a separate sheet of paper.

DIS Use Only:

Case Created & D/U: _____
 RO/ARO initials: _____

Fax, Mail, or Hand Carry form to DIS

Building 31, Room B2B07 MSC 2028
 Bethesda, MD 20892-2028
 Fax: (301) 496-0847

Date Received At DIS