

Division of International Services

NIH Building 31, Room B2B07 Tel (301) 496-6166
Bethesda, MD 20892-2028 Fax (301) 496-0847
http://www.ors.od.nih.gov/pes/dis/Pages/default.aspx

TO BE COMPLETED
BY VISITING
PROGRAM
PARTICIPANT

FDA

Change of Address Form

Instructions: Federal rules and regulations require non-immigrants to notify the United States Citizenship & Immigration Services (USCIS), of a change of address <u>within ten (10) days</u> of the move. Use this form to notify the Division of International Services (DIS)/NIH immediately upon your change of address.

- **F-1 Students MUST** notify the Designated School Official (DSO) at their school of the change of address information within ten (10) days.
- J-1 and J-2 Exchange Visitors must notify their program sponsor of the change of contact information within ten (10) days.

You can mail or fax this form to DIS/NIH, however please do not do both. If you fax the form, a fax cover sheet is not necessary.

Additional Note:

This form does NOT replace form AR-11 required by USCIS. DHS requires that you MUST report a change of address within ten (10) days of residential address change. See form AR-11 at http://www.uscis.gov/ under "Forms."

NAME AND CONTACT INFORMATION	DN			
Family Name:		Given Name:		
Date of Birth (Month/Day/Year):				
Current immigration status:		Country of Citi	zenship:	
New U.S. residential address and conta	act information:			
Note: A physical street address is requir		not applicable) if there are r	no changes in your c	ontact information.
Street:		Apt #:		
City:	State:	Zip:	Zip: Local Telephone:	
Personal E-mail:				
(REQUIRED) Signature:	(REQUIRED) Date (Month/Day/Year):			
Mailing Address, if different than abov	e:			
Street:	-		Apt #:	
City:	State:	Zip:		
Do you telework at your home address?		Do you have a telework agreement in place?		
☐ YES		☐ YES		
□ NO		□ NO		
DIS Use Only:		Fax or Mail form to		Date Received at DIS
Date Updated in DIS Database		Building 30, Room B2B07 Bethesda, MD 20892		
		Fax: (301) 496-08	- 11	