

Change of Address Notice

Federal rules and regulation require all non-immigrants to notify the United States Citizenship and Immigration Services (USCIS), Department of Homeland Security (DHS), of a change of address **within (10) days** of the move. Use this form to notify the Division of International Services (DIS) immediately upon your change of address. Failure to report the change of address is a violation of immigration status and may lead to termination of the participant's stay in the U.S. and/or other penalties as set by the DHS.

You can mail or fax the form to the DIS. **Please do not do both.** If you fax the form, a fax cover sheet is *not* necessary.

ADDITIONAL:

- Provide your new address to your Institute/Center's Administrative office (and Office of Human Resources for those in employee/FTE designations).
- **NIH-sponsored J-1 and J-2 Exchange Visitors MUST** notify DIS of the address change within the ten (10)-day period in order for the DIS to report the change in the Student Exchange Visitor Information System (SEVIS) within the authorized time frame. DIS notification in SEVIS fulfills USCIS's change of address requirements.
- This form does **NOT** replace Form AR-11, which is required by the USCIS for non J-1 Exchange Visitors (or other SEVIS-reportable visa classifications). Such individuals (e.g. those under an H-1B, O-1, or TN status) must also complete the Form AR-11 to notify USCIS of a change of address. Form AR-11 can be found at <http://www.uscis.gov/> under "Forms."

Family Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)
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SEVIS ID number, if any	Current immigration status	Country of Citizenship
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Place of residence* _____

Street	Apt #	City	State	Zip
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Mailing address, if different than above:

Street	Apt #	City	State	Zip
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***Note: A physical street address is required.**

Previous U.S. address:

Street	Apt #	City	State	Zip
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Signature **REQUIRED**

Date **REQUIRED**

Mail **OR** Fax form to: National Institutes of Health
 Division of International Services/ORS
 31 Center Drive MSC 2028
 Building 31 Room B2B07
 Bethesda, MD 20892
 (301) 496-6166
 Fax (301) 496-0847
<http://dis.ors.od.nih.gov/>

DIS USE ONLY: Approved in NFNIS _____ (date). RO/ARO _____ (initials).