The Division of International Services

9000 Rockville Pike
Building 31, Room B2B07
Bethesda, Maryland 20892-2028

ph (301) 496 6166
Fax (301) 496-0847
http://dis.ors.od.nih.gov/

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)

SEVIS ID number, if any | Current immigration status | Country of Citizenship

Place of residence*

Street | Apt # | City | State | Zip

Mailing address, if different than above:

Street | Apt # | City | State | Zip

***Note: A physical street address is required.**

Previous U.S. address:

Street | Apt # | City | State | Zip

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
(301) 496-6166
Fax (301) 496-0847
http://dis.ors.od.nih.gov/

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