



CORRECTION FORM

Please Print All Information On This Form Except Your Signature

Employees must change contact information at the
MTA Business Service Center (BSC) at www.mymta.info.

Name	Social Security Number _ _ _ - _ - _
Signature (not needed if you email this form)	Today's Date
Title of Examination	Exam Number

NAME
Incorrect Spelling
Correct Spelling

ADDRESS (New Address)	
Mailing Address	Apartment Number
City	
State	Zip Code

SOCIAL SECURITY NUMBER	
Incorrect Number _ _ _ - _ - _	Correct Number _ _ _ - _ - _

TELEPHONE NUMBER	
Incorrect Number	Correct Number

E-MAIL ADDRESS	
Incorrect E-Mail	Correct or New E-Mail

To submit this form you may:

Fill out the form, Save it on your computer and
Email it to examsunit@nyct.com.

APPLID _____

Entered By _____

Date _____

FOR
OFFICE
USE
ONLY