NYC Citywide Administrative Services

HUMAN CAPITAL
1 Centre Street, New York, NY 10007
www.nyc.gov/dcas

DATA CORRECTION FORM (CANDIDATE'S USE ONLY)

INSTRUCTIONS: Please print all information legibly on this form, except your signature. If a change in Social Security Number or name is requested appropriate supporting documentation will be needed in order to complete the change. For a Social Security Number change acceptable identification is a social security card. For a name change acceptable identification is a marriage certificate, divorce decree, court order, Naturalization Certificate, old and new copies of State issued driver's license, State issued identification card, US government issued Passport, US government issued Military Identification Card, US government issued Alien Registration Card, Employer ID with photo, or Student ID with photo. DOCUMENT MUST BE SIGNED IN ORDER FOR CHANGES TO BE PROCESSED.

HOW TO SUBMIT COMPLETED FORM IF YOU HAVE NOT RECEIVED YOUR EXAM RESULTS:
- **By mail or in person (Monday to Friday 9AM to 5PM) -** Exam Support Group – 1 Centre Street, 14th Floor, New York, NY 10007.
- **By fax** - 212-669-4732
- **By email** - scan completed form to the Online Application System help desk at OASys@dcas.nyc.gov with the subject "Data Correction Form"

HOW TO SUBMIT COMPLETED FORM IF YOU HAVE RECEIVED YOUR EXAM RESULTS:
- **By mail or in person (Monday to Friday 9AM to 5PM) -** Certification Unit – 1 Centre Street, 21st Floor, New York, NY 10007.

SECTION I: EXAMINATION INFORMATION

THIS FORM IS BEING USED TO CORRECT/CHANGE: (CHECK ALL THAT APPLY)
❏ SOCIAL SECURITY NUMBER ❏ NAME ❏ ADDRESS ❏ TELEPHONE NUMBER ❏ EMAIL ADDRESS

TITLE OF EXAMINATION	EXAM NO.	LIST NO.

TEST SITE:	ROOM NO.	SEAT NO.

SECTION II: WRITE THE CORRECT INFORMATION ONLY

SOCIAL SECURITY NUMBER (all 9 digits)   DAYTIME TELEPHONE NUMBER (include area code)

EMAIL ADDRESS

LAST NAME (include suffix: Jr./Sr./III, etc.)

FIRST NAME	M. I.

MAILING ADDRESS (include Street/Avenue/Blvd/Road/etc.)	APT. #

MAILING ADDRESS CONTINUED (if applicable: C/O, Private House, Floor, etc.)

CITY OR TOWN	STATE (2 letter abbreviation)	ZIP CODE

SECTION III: WRITE THE INCORRECT INFORMATION ONLY (Complete ONLY the boxes that are not correct)

If your Social Security Number is wrong, write the **INCORRECT** number here (supporting documentation is needed to complete the change):

If your name is wrong, write the **INCORRECT** name here (supporting documentation is needed to complete the change):

If your address is wrong, write the **INCORRECT** address/part of the address here:

If your daytime telephone number is wrong, write the **INCORRECT** number here:

If your email address is wrong, write the **INCORRECT** email address here:

SIGNATURE	DATE

FOR OFFICE USE ONLY - CHANGE PROCESSED BY UNIT/STAFF/TYPE/DATE

D.C.A.S. UNIT	STAFF INITIALS	TYPE OF CHANGE	DATE

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