



# 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](http://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 _ _ - _ - _ _ _
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## TELEPHONE NUMBER

Incorrect Number	Correct Number
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## E-MAIL ADDRESS

Incorrect E-Mail	Correct E-Mail
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To submit this form you may:  
**Mail** it to us at MTA NYC Transit, Exams Unit,  
 180 Livingston Street, Room 4070,  
 Brooklyn, NY 11201; or,  
**Fill** out the form, **Save** it on your computer  
 and **Email** it to [examsunit@nyct.com](mailto:examsunit@nyct.com).

APPLID \_\_\_\_\_  
 Entered By \_\_\_\_\_  
 Date \_\_\_\_\_

FOR  
OFFICE  
USE  
ONLY