

**DATA CORRECTION FORM (CANDIDATE'S USE ONLY)**

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

**INSTRUCTIONS: READ BEFORE COMPLETING THIS FORM**

- This form is for use by City employees and others to request changes to their Name and Social Security Number (SSN) only.
- This is a PDF fillable form. You may complete electronically OR by hand. Regardless of the option you select, you must still submit this form per the instructions noted at the bottom of this page with the required documentation noted in these instructions.
  - If completing electronically, enter the information in the fields below, print, and sign.
  - If completing by hand, print the form, complete the form legibly (except for your signature), and sign.
- **ALL** fields marked with an asterisk (\*) must be completed to process the change(s) requested.
- **SSN Changes** – must be accompanied by a copy of your SSN card AND photo ID to process.
- **Name Changes** – must be accompanied by a copy of one of the following supporting documents: marriage certificate, divorce decree, court order, Naturalization Certificate, old and new copies of State issued Driver's Licenses, State issued Identification Card, US government issued Passport, US government issued Military Identification Card, US government issued Alien Registration Card, Employer ID with photo, IDNYC, or Student ID with photo.
- If you need to update your Mailing Address, Email Address, and/or Telephone Number, read below.
  - **City Employees** - update this information in NYCAPS Employee Service (ESS) at [www.nyc.gov/ess](http://www.nyc.gov/ess).
  - **All Others** - update this information on your *Profile* page on the Online Application System (OASys) at [www.nyc.gov/examsforjobs](http://www.nyc.gov/examsforjobs).

**SECTION I: ENTER THE CORRECT INFORMATION THAT YOU WANT DCAS TO USE**

\*SOCIAL SECURITY NUMBER (all 9-digits)

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

\*FIRST NAME

M. I.

**SECTION II: WRITE THE INCORRECT INFORMATION THAT YOU WANT DCAS TO REMOVE**

**(Complete ONLY the boxes that are not correct)**

If your Social Security Number is wrong, write the INCORRECT number here (all 9-digits):

If your name is wrong, write the INCORRECT name here:

SIGNATURE

DATE

**SUBMISSION INSTRUCTIONS**

Upon completing this form, sign with your original signature AND submit via one of the options noted below. Remember to include all documentation noted in the Instructions section of this form.

- **Email:** [OASys@dcas.nyc.gov](mailto:OASys@dcas.nyc.gov) with the subject line "Data Correction Form"
- **Fax:** (646) 500-7190, ATTN: Applications Processing
- **Mail:** DCAS, 1 Centre Street, 14th Floor, ATTN: Applications Processing, New York, NY 10007
- **In-Person:** Drop off at one of our conveniently located Computer-based Application & Testing Centers (CTACs) Monday - Saturday from 9AM - 5 PM (except holidays) at:
  - *Brooklyn* @ 210 Joralemon, 4th floor, Brooklyn, NY 11201
  - *Bronx* @ 1932 Arthur Avenue, 2nd Floor, Bronx, NY 10457
  - *Manhattan* @ 2 Lafayette Street, 17th floor, New York, NY 10007
  - *Queens* @ 118-35 Queens Boulevard, 5th floor, Forest Hills, NY 11375
  - *Staten Island* @ 135 Canal Street, 3rd Floor, Staten Island, NY 10304

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

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