

CREDENTIALS FOR PENSION REPRESENTATIVES

2023

Please fill out or update your personal contact information, and return the document to CTPF (even if you do not have changes). CTPF uses this information to issue stipend checks.

Please email the completed form to *pensionreps@ctpf.org* or fax (no cover sheet) to 1.312.641.7185.

| Name | first | | last | CTPF Member ID |
|-------------------------|---------------------|------------------|--------------------|--|
| | | | | |
| Home address | street | | | apt. or unit no. |
| city | | state | zip | Primary phone number |
| Email address (primary) | | | | Email address (secondary) |
| CPS employee ID nu | mber | | | |
| SECTION 2: SCH | OOL INFORMA | TION | | |
| Please include the co | omplete name of yo | ur school, and t | ne additional info | ormation requested. |
| School name (Examp | ole: Walt Disney Ma | agnet School – r | ot "Disney") | |
| | | | | Mail route number (GSR): |
| | | | | |
| | | | | |
| Principal's name | | | | |
| School unit number | | | | Approximate number of teachers in school |
| School telephone number | | | | School fax number |