

CREDENTIALS FOR PENSION REPRESENTATIVES

2024 REV. 03/2024

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.

SECTION 1: PEN	ISION REPRESE	NTATIVE IN	FORMATION		
Name	first		last	CTPF Member ID	
Home address	street			apt. or un	it no.
city		state	zip	Primary phone number	
Email address (prima	ary)			Email address (secondary)	
CPS employee ID nui	mber				
SECTION 2: SCH	OOL INFORMA	TION			
Please include the co	mplete name of yo	ur school, and t	he additional info	ormation requested.	
School name (Examp	ole: Walt Disney Ma	agnet School – r	not "Disney")		
				Mail route number (GSR):	
Principal's name					
School unit number				Approximate number of teachers in school	l
School telephone nu	ımber			School fax number	