



United Federation of Teachers  
A Union of Professionals

# PERSONAL INFORMATION CHANGE FORM

Use this form to notify the UFT Membership Department of one of the following:

➤➤ Change of name ➤➤ Change of address ➤➤ Change of telephone number

Please check one:  day school/pedagogical  paraprofessional  retired  other \_\_\_\_\_

Please print the following information:

Your Social Security Number (Only the last four digits) **X X X – X X –** \_\_\_\_\_

EIS # \_\_\_\_\_ File # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone No. (\_\_\_\_\_) \_\_\_\_\_ **NON-DOE** Email \_\_\_\_\_

School/Site \_\_\_\_\_ Boro \_\_\_\_\_ School Phone No. (\_\_\_\_\_) \_\_\_\_\_

## TEXT ME!

MOBILE PHONE # FOR TEXT MESSAGES \_\_\_\_\_

Area Code/Number

Yes, I would like to receive occasional text messages from the UFT (message and data rates may apply).

**IN ORDER TO PROCESS THIS REQUEST, YOUR SIGNATURE AND DATE MUST APPEAR BELOW.**

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE BE ADVISED THAT INCORRECT INFORMATION MAY DELAY YOUR ACCESS TO BENEFITS.**