



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.