CONSTITUTIONAL RIGHTS FOUNDATION CHICAGO
407 SOUTH DEARBORN, SUITE 1700, CHICAGO, IL 60605-1119
312/663-9057 ♦ FAX: 312/663-4321 Fax ♦ Email: crfc@crfc.org ♦ www.crfc.org

V.O.I.C.E.
Teacher Information Form

Please complete the following information and check the appropriate boxes. ***Please print clearly.***

☐ Mr. ☐ Ms. ☐ Other _____

Name _____
(first) (last)

Work: Title _____ School _____

Address _____

City _____ State _____ ZIP _____

Phone (___) _____ Fax (___) _____ Email _____

Home: Address _____

City _____ State _____ ZIP _____

Phone (___) _____ Fax (___) _____ Email _____

I prefer to receive mailings at (check one): Work ☐ Home ☐

Please check all that apply:

☐ Teacher Subject(s) _____ Grade(s) _____

☐ Department Chair _____ ☐ Coordinator _____
(subject) (subject)

☐ Principal ☐ Superintendent

☐ Other Administrator (please specify) _____

☐ Librarian ☐ Counselor ☐ School Board Member ☐ LSC Member

☐ Other (please specify) _____

Language proficiency:

☐ Spanish ☐ Polish ☐ French ☐ Other (please specify): _____

Return to: Constitutional Rights Foundation Chicago
407 South Dearborn, Suite 1700
Chicago, Illinois 60605-1119