

Borough of Manhattan Community College  
Office of Human Resources  
Authorization for BMCC ID Card

TO: \_\_\_\_\_

Date: \_\_\_\_\_

***Please register the following employee's information to issue a BMCC Identification Card:***

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Identification Number: \_\_\_\_\_

Signature of HR Staff: \_\_\_\_\_

Thank you