

Human Resources Department

70 Sip Avenue
3rd Floor
Jersey City, NJ 07306
201-360-4070
hr@hccc.edu



ID FORM: Bring the completed form and a Photo-ID to Safety & Security (81 Sip Avenue)

New Hire

Rehire/Card Replacement

LAST NAME: _____ FIRST NAME: _____

DEPARTMENT: _____ STARTING DATE (if applicable): _____

TITLE: _____

SUPERVISOR: _____

I understand that during my employment with Hudson County Community College I may have access to confidential student information. I understand that student privacy rights and records are protected by the Family Education Rights and Privacy Act (FERPA). Disclosure of student information to unauthorized parties violates FERPA and college policy. I may not attempt to access student information unless I have legitimate educational interest. I may access only the information needed to complete my assigned or authorized task. I will not release any student information unless authorized to do so.

I also understand that the college may monitor my use of the student information system.

EMPLOYEE SIGNATURE: _____

HUMAN RESOURCES USE ONLY:

H.R. Paperwork (if applicable):

- _____
- Resume
 - Official transcript
 - Social security card (for payroll)
 - Proper identification

EMPLOYEE ID NUMBER: _____ DATE: _____

HUMAN RESOURCES SIGNATURE: _____