

Request for Lactation Suite Access for Non-Students

For Office Use Lactation Suite Guest Card # _____ Date Returned: _____ Staff Initials: _____
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Date of request: _____

Name: _____

Home Address: _____

Email Address: _____

Phone Number: _____

Duration of Need: Start Date: _____ End Date: _____

- Understand that the suite is for your use only.
- Understand that you are responsible for bringing your own collection kit and storage containers. Ice is provided.
- Antibacterial solution is provided. You must wipe down the table and clean up any spills.
- Do not leave any personal items in the room.
- Understand that the average pump time is 15-30 minutes. Please try not to go over the time limit.

Signature: _____ Date: _____

Please bring request form in person to Student Center Office, second floor of the D. P. Culp Center. For questions or concerns please call 423-439-4286.