



Lactation Room Access Request

Please fill this form out and

deliver/mail to:

Or you may scan and send to:

Human Resources
MSR 320
One University Circle
Turlock, CA 95382

Compliance@csustan.edu

Requestor Name: _____

Student or Employee ID #: _____

Contact information

Phone: _____

E-mail: _____

Mailing Address: _____

Start Access: _____ End Access: _____

By signing this form I acknowledge that I am responsible for my use of S123A (Parenting Room). I will not allow anyone access to the room, and will use the room solely for its intended purpose.

Signature: _____

Date: _____

For Office Use Only

Access approved: _____
Print Name

Signature: _____

Date: _____