Lactation Room Access Request

Please fill this form out and

deliver/mail to: Or you may scan and send to:

Human Resources [Compliance@csustan.edu](mailto:Compliance@csustan.edu)

MSR 320

One University Circle

Turlock, CA 95382

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: