

**University of Oklahoma – Tulsa Schusterman Center
Lactation Room Registration Form**

Full Name: _____

Classification (circle one): Student Faculty Staff

Student or Employee ID#: _____

Program, Department or Unit: _____

Date Form Submitted: _____

----- *For Student Affairs/Human Resources Office Use Only* -----

Date Initial Registration Received/Approved: _____

Student Affairs or Human Resources Approval Signature: _____

Ending Date of Initial Registration: _____

Ending Date of for 1st Renewal Request: _____

Ending Date of for 2nd Renewal Request: _____

Ending Date of for 3rd Renewal Request: _____