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: ________________________________