

## Breastfeeding and Parenting Room Usage Agreement

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I understand that I am responsible for:

- a. Bringing my own breast pump, ice packs, containers or other accessories.
- b. Sanitizing the countertop, sink and other surface areas before and after expressing milk.
- c. Cleaning up any spills or other untidiness.
- d. Locking the room after each use.
- e. Respecting the privacy of other users.
- f. Securing of my own possessions; I will not leave unattended personal items or equipment in the room.
- g. Using the room for the sole purpose of breastfeeding, expressing my breastmilk and diaper changing.
- h. Keeping the access code confidential.

I understand that failure to comply with any of these provisions could be grounds for denied access to the Breastfeeding and Family Room.

I, \_\_\_\_\_, have received and reviewed the guidelines regarding the Breastfeeding and Parenting Room. I have discussed options and sought clarification with a representative.

I anticipate requiring use of the room for an approximate period of \_\_\_\_\_ months.

**Participant Name:**

**Breastfeeding and Parenting Room Coordinator:**

\_\_\_\_\_  
(Please print)

\_\_\_\_\_  
(Please print)

Signature:

Signature:

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

Dept./Ext: \_\_\_\_\_

Email: \_\_\_\_\_

Please bring completed form to Student Services, located in Old Main 1631.