SCSU Lactation Room
Student Registration Form

Please complete the attached form. We need to collect as much information about the use of this room as possible. Information is confidential, and will only be used for tracking room use and demographics. If you are not comfortable about any of the questions, leave them blank. We do, however, need your basic contact information (marked with an asterisk) in order to provide you with access to the Lactation Room. If you have any questions, please contact Catherine Christy, Women's Center at 203-392-6946 or christyc1@southernct.edu

*Date_____

*Name_____*email_____

*Phone _____ *ID#_____

*Mark those which apply: ☐ undergraduate student ☐ graduate student
☐ full-time ☐ part-time

*When will you begin to use the Lactation Room?_____

*How frequently do you anticipate using the Lactation Room?_____

*How long do you anticipate using the Lactation Room?_____

Age of your child(ren)?_____

Please tell us about challenges or support you have encountered regarding pumping at the University:

_____

_____

What would you do if this room were unavailable? _____

Please note below any additional information, questions, or concerns:

By signing this form, I agree to abide by the rules and procedures of the lactation room.

_____
Signature Date

Thank you for your comments.

Please return this form to Catherine Christy in the SCSU Women's Center, Schwartz Hall, 320 Fitch Street, New Haven, CT, 06515.

8/2008