



Mother's Room (Lactation Room) Request Form

Date of Application: _____

Name: _____

PeopleSoft Number: _____

Department _____ Email: _____

Phone Number _____ Mail Code (for staff): _____

Major and College (for students) _____

Lactation Room Location (Check one):

____ Research Energy Park ____ M.D. Anderson Library ____ Melcher Hall

____ Other, Please specify: _____

(Visit the www.uh.edu/family website for more details about rooms and locations)

What are your anticipated days of usage? (Check all that apply).

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What are your anticipated hours of usage? (Check all that apply).

7-10am 11am- 1pm 2-4pm 5-7pm 8-10pm

Have you already turned in your Lactation Accommodation Request Form? (for faculty and staff only)

_____ (Form can be found at the www.uh.edu/family website).

Signature of Requestor _____

Signature of Approver _____

Date of Cougar Card Activation _____ Date of Cougar Card Deactivation _____

When you submit this form, email to parents@uh.edu. Your Cougar Card will be set to allow you access to the lactation room of your choice. Access will be allowed for one year from the date of activation. If you have any questions, please call the Cougar Parent and Family Engagement Center at (713)743-4420 or email parents@uh.edu.