

East Tennessee State University
D. P. Culp Student Center

Students, Faculty, and Staff Request Form for Lactation Suite Access

Name: _____

ETSU ID Number: _____

Home Address: _____

ETSU Email Address: _____

Phone Number: _____

Duration of Need:

Start Date: _____ End Date: _____

- Understand that the suite is for your use only.
- Understand that you are responsible for bringing your own collection kit and storage containers. Ice machine is provided in the suite.
- Wipe down sink after use and clean up any spills.
- Do not leave any personal items in the room.
- The average pump time is 15-30 minutes. Please try not to go over the time limit.

Signature: _____ Date: _____

Once completed, email form to Student Center (studentcenter@etsu.edu) copying Emergency Management (beall@etsu.edu). For questions or concerns please contact Student Center Office at 423-439-6633.

[Lactation Suite Policy](#)