

Visitors Nursing Mothers Room Request Form

This form is to request use of an NIH lactation room by an individual who is not employed by NIH. When submitting this form and requesting access to an NIH lactation room, the individual acknowledges that they are not entitled to any NIH lactation services. The person is authorized to use the room only during the time period specified on this document and must submit a new form if they wish to use the room on other dates and or times. Please forward the completed form to the Nursing Mothers Program at simonlj@mail.nih.gov for approval.

*required fields

*Full Name: _____

*Employer: _____

*Work Phone: _____

*Home Phone: _____

*Email: _____

NIH Campus Contact: _____ Phone: _____

I wish to use the NIH Lactation Room in Building _____ from
_____ (date) to _____ (date).

NIH lactation rooms are scheduled by 30-minute time slots on the hour or half hour.
Please provide times when you would like to pump below:

It is assumed that visitors will be bringing their own pump unless they specify that they plan to use the Symphony pump in the room. The NIH lactation rooms do not contain refrigerators so please plan to bring an insulated bag with ice packs to store your milk while you are on campus.