



Harvard Lactation Room Registration Form
School of Engineering and Applied Sciences - South
Location: 20 University Road, 6th Floor

Name: _____

Harvard ID: _____

University School/Department: _____

University Address: _____

Work Phone: _____

Email Address: _____

Date of Registration: _____

You must be registered with the Office of Work/Life to use the room.

****Your HUID card will need to be activated – please allow 24 hours/1 business day****

Please fax or email this form to the Office of Work/Life