



Harvard Lactation Room Registration Form

Location: 114 Mount Auburn Street

Name: _____

Harvard ID: _____

University School/Department: _____

University Street Address: _____

Work/Cell Phone: _____

Email Address: _____

Date of Registration: _____

Start date for room use (approx. is OK): _____

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

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

114 Mount Auburn Street, 4th Floor, Cambridge, MA 02138
Ph: (617) 495-4100 (voicemail only) Fax: (617) 495-4124
worklife@harvard.edu