



## Harvard Lactation Room Registration Form

**Location: Smith Campus Center,  
1350 Massachusetts Avenue**

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, 4<sup>th</sup> Floor, Cambridge, MA 02138*  
*Ph: (617) 495-4100 (voicemail only) Fax: (617) 495-4124*  
[worklife@harvard.edu](mailto:worklife@harvard.edu)