



101 Vera King Farris Drive | Galloway NJ 08205-9441  
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Human Resources  
P: 609.652.4384 • F: 609.626.5573

## Lactation Room Access Request Form

APPLICANT NAME: \_\_\_\_\_  
(Please print clearly)

IDENTIFICATION NO.: \_\_\_\_\_  
(Z Number)

DEPARTMENT/DIVISION: \_\_\_\_\_

- Faculty/Staff/Adjunct/TES
- Student
- Visitor

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Human Resources)

### Access Card Received:

Visitor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date Card Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials: \_\_\_\_\_