

UW LACTATION STATION AGREEMENT
UW Tower – O28 & O29



Name: _____

Email: _____

EID: _____

Box: _____

Dept: _____

Mother's Room #: _____

Phone: _____

Key #: _____

____ I will need access to the UW Tower supplied pump. **OR** ____ I will bring my own pump.

____ I agree to wipe down the pump (with the solution provided) prior to and after using it, to clean up any and all spills after each use, and will not leave pump parts in the room.

____ I understand that I am responsible for bringing my own collection kit and storage containers each time I use the pump.

____ I understand that the key that has been issued to me is for **my use only** and I will not allow anyone other than myself access to the mother's room. I will direct any new users to contact UW Tower Operations for access and/or key distribution.

____ I will contact UW Tower Operations immediately when I no longer require use of the facility and will return the key within **2 weeks** of notification. **Any lost or stolen keys will be charged a key replacement fee.**

____ I agree to be considerate of others and will not go over the allotted 30 minute time limit.

I have read, understood, and initialed the above statements:

Signature: _____

Date: _____

Official Use Only:

Key Information: Date Distributed: _____ Distributed By: _____

Date Returned: _____ Received By: _____



UW TOWER OPERATIONS
KEY AUTHORIZATION FORM
INDIVIDUAL

RECIPIENT INFORMATION

Name:
Phone:
Email:
EID:
Department:
Box Number:
Key Number:
of Keys Received:

By signing below I recognize that the key(s) issued to me today are the Property of the University of Washington. I accept responsibility for its use and security. I will inform UW Tower Operations if a change of responsibility for the key occurs. I understand that loss of key(s) may incur a replacement fee.

Employee Signature

Date

Distributed By

Date