



LACTATION LOUNGE RESERVATION REQUEST FORM

Location: Learn Resource Center (LC-26)

Name: _____

Employee/Student Cerritos College ID #: _____

Work/ Cell Phone Number: _____

Email address: _____

Days of Reservation: Monday Tuesday Wednesday Thursday Friday

Time of Reservation: _____

Reservation Start date: _____ Reservation End date (estimated): _____

A reservation confirmation is required prior to using the lactation room.

To request a reservation, please email this form to:

TitleIXCoordinator@Cerritos.edu

DCTIX OFFICE USE ONLY

Form received by: _____

Reservation confirmed for above dates and times

Room not available please choose a different: Day(s) Time