

LACTATION SUPPORT REQUEST FORM

Lactating individuals may apply for lactation support during the Arizona bar examination based on individual needs. The **request is due at the time of application**. *See Ariz. R. Sup. Ct. 35(h)(2).*

Bar Exam Month/Year: _____

Applicant Name (print clearly): _____

Applicant Signature: _____ Date: _____

Check below the specific support(s) you are seeking for this exam:

1. Permission to bring into the exam room lactation supplies (including pump, small cooler, and ice packs).
Note: cold storage is not available.

2(a). A private space for pumping that is equipped with a chair, table, and electrical outlet to pump **during the normal lunch break; OR**

2(b). A private space for pumping that is equipped with a chair, table, and electrical outlet to pump **during an extended lunch break not to exceed 30 minutes.**

SHADED AREA BELOW MUST BE FULLY COMPLETED BY TREATING HEALTHCARE PROVIDER:

Name of Treating Healthcare Provider (print clearly)

License # (if applicable)

Due Date or Infant Date of Birth _____

Test periods do not exceed 3 hours. Restrooms are accessible during the test sessions. Beverage in a non-opaque bottle with no label and medications are permitted.

Lactation support being requested for this exam:

Treating Healthcare Provider Signature

Date Signed

Untimely requests and supporting documentation will be rejected. See Ariz. R. Sup. Ct. 35(c)(3) and AO 2024-78.