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 90-minute lunch break**; ***OR***

☐2(b). A private space for pumping that is equipped with a chair, table, and electrical outlet to pump **during a lunch break extended by 30 minutes** (will result in longer test days with later end times).

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.