

## 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.**