

Date: [Insert Date]

To: [Insert Department Name / Security Office / Facilities Management]

From: [Insert Supervisor/Manager Name or HR Representative Name]

Subject: Authorization for Lactation Room Access

To Whom It May Concern,

This letter serves as official authorization to grant access to the nursing and lactation room facilities located at [Insert Building Name or Room Number] for the following employee:

- **Employee Name:** [Insert Employee Full Name]
- **Employee ID Number:** [Insert ID Number]
- **Department:** [Insert Department]

Pursuant to company policy and legal requirements, [Employee Name] is authorized to use these facilities for the purpose of expressing milk during the workday. Please provide the necessary access credentials, which may include:

- Keycard/Badge activation for Room [Insert Room Number]
- Physical key issuance
- Door code: [If applicable, insert here or state "To be provided privately"]

This access is authorized effective [Insert Start Date] and should remain active until [Insert End Date or state "Until further notice"].

If you have any questions regarding this request, please contact me at [Insert Phone Number] or [Insert Email Address].

Sincerely,

[Signature]

[Printed Name]

[Job Title]