

**INDIANA WIC PROGRAM  
MANUAL PUMP, SUE PUMP, and BREASTFEEDING AID RELEASE FORM**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

**Type of Pump Received**

Manual Pump  
Manufacturer: \_\_\_\_\_

SUE Pump  
Manufacturer: \_\_\_\_\_

Pump Kit or  
BF Aid: \_\_\_\_\_

Issued by: \_\_\_\_\_

Date: \_\_\_\_\_