International Student
Transportation from Airport Request

PLEASE PRINT

_____ _____
First Name Last Name (Family Name)

_____ _____/_____/_____
Male/Female Birth Date (DY/MO/YR)

_____ _____
Home Country Native Language

_____
E-Mail Address

FLIGHT ARRIVAL at Kansas City International Airport (MCI):

U.S.A. Airline: _____ Flight Number: _____ Arrival Date/Time: _____/_____

This flight arrives in Kansas City from which U.S.A. city? _____

- **I need someone from Park University or a Friendship Partner to come to the airport to meet me because I have not made other arrangements with a friend or family member: Yes __ No __**
- **Please bill me the $10 Airport pick-up charge: Yes __ No __**
- **Please bill me the $40 for bedding set: Yes __ No__**

Please complete this form and either mail or FAX to Park University in order to be **RECEIVED** at Park University at least **ONE WEEK** prior to your arrival date.

Office of International Student Services – Park University
Tel: 816/584-6508 **FAX: 816/505-5443**