



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 along with flight itinerary 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: 816/584-6820/6508 FAX: 816/505-5443

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