

# Airport Pickup Request Form



Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address (Home country):

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Tel: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Agent: \_\_\_\_\_

Agent Contact: Mr / Ms. \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

## Flight Details

Melbourne Arrival Date: \_\_\_\_\_ Airline: \_\_\_\_\_ Flight No: \_\_\_\_\_

Time: \_\_\_\_\_ AM / PM (Please attach a copy of your ticket)

Any special needs? (e.g. wheelchair, large amounts of luggage)  
(When you book your flight, send us this information immediately)

*If you plan to travel with other member of your family, you must advice the Student Support officers. After completing this form, please send it to [email – info@melbtc.vic.edu.au](mailto:info@melbtc.vic.edu.au)*

*This form must be received no later than 72 hours via email or fax prior to your arrival and during office hours.  
(Monday – Friday 9.00 AM – 5.00 PM AEST)*

*If there are any queries, call us on 03 7066 5255*

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_