Airport Pickup Request Form



Family Name:			Given Name:	
Date of Birth:	//			
Address (Home c	country):			
Tel: ()		Fax: ()		
Email:				
Agent:				
Agent Contact: N	1r / Ms			
Tel: ()		Fax: ()		
Email:				
Flight Details				
Melbourne Arriv	al Date:	Airline:	Flight No:	
Time:	AM / PM (P	lease attach a copy of your t	ticket)	
		hair, large amounts of lugga d us this information immea		
			must advice the Student Support officers. After comp	leting
		<u>il – info@melbtc.vic.edu.au</u>		
-			l or fax prior to your arrival and during office hours.	
(Monday – Friday If there are any q		-		
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Student Signature	Date

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created: June 16, 2021	Page 1 of 1
version 1	