

# LANSING COMMUNITY COLLEGE - PROFILE

## PERSONAL INFORMATION

As of May 15, 2009 the U.S. Department of Homeland Security has implemented the Secure Flight Program  
all reservations must include the following **\*\*required information**

### SECURE FLIGHT INFORMATION: Name must match identification shown at check-in exactly **\*\*required**

**First Name:		Middle Name:		**Last Name:	
**DOB:		**Gender:		Redress #:	
Business Phone:		Cell Phone:		Fax #:	
TUID:			E-Mail:		

Please check your Division/Department number from the following list:

- |  |   |
|--|---|
| <input type="checkbox"/> LCC01- Student & Academic Support/SEM             | <input type="checkbox"/> LCC08- Executive Office                        |
| <input type="checkbox"/> LCC02- Business, Media & Information Technologies | <input type="checkbox"/> LCC09- Information Technology Services         |
| <input type="checkbox"/> LCC03- Health, Human & Public Services            | <input type="checkbox"/> LCC10- Financial Services                      |
| <input type="checkbox"/> LCC04- Technical Careers                          | <input type="checkbox"/> LCC11- Academic Affairs                        |
| <input type="checkbox"/> LCC05- Liberal Studies                            | <input type="checkbox"/> LCC12- Quality Planning & Economic Development |
| <input type="checkbox"/> LCC06- Business & Community Institute             | <input type="checkbox"/> LCC13- Strategic Learning & Partnerships       |
| <input type="checkbox"/> LCC07- Administrative Services                    |   |

<b>Business Address</b>	Street:	P.O. Box:		
	City:	State:	Zip:	Mail Code:
<b>Home Address</b>	Street:	City:		
	State:	Zip:	Home Phone:	

Please check here if you are 62 years of age or older. Senior savings discounts will be applied when available

<b>International Travel</b>	Passport #:	Country of Issue:	Exp. Date:
Emergency Contact:		Phone:	
Travel Arranger:		Arranger's Phone:	
Travel Arranger email:			

## AIR TRAVEL SERVICES

<b>Airport Preference</b>	Alternative:		
<b>Seat Preference</b> Some seats held for airport check-in only	<input type="checkbox"/> aisle	<input type="checkbox"/> forward	<input type="checkbox"/> bulkhead (on request only)
	<input type="checkbox"/> window	<input type="checkbox"/> aft (behind wing)	<input type="checkbox"/> exit row (on request only)
<b>Diet Preference</b> Varies by airline	<input type="checkbox"/> diabetic	<input type="checkbox"/> low fat	<input type="checkbox"/> vegetarian
	<input type="checkbox"/> kosher	<input type="checkbox"/> low salt	<input type="checkbox"/> other:
<b>Frequent Flyer</b> It is expressly prohibited to plan business travel around a frequent flyer awards program.	Airline:	ID #:	
	1.	1.	
	2.	2.	
	3.	3.	
	4.	4.	
<b>Restrictions</b> special arrangements			

CAR RENTAL SERVICES							
<b>Car Type</b>	<input type="checkbox"/> automatic transmission only <input type="checkbox"/> other: <input type="checkbox"/> hand controls required						
<b>Express Rentals</b> Preferred vendor and car size may be determined by travel policy.	<table border="1"> <tr> <td>Company:</td> <td>ID #:</td> </tr> <tr> <td>1.</td> <td>1.</td> </tr> <tr> <td>2.</td> <td>2.</td> </tr> </table>	Company:	ID #:	1.	1.	2.	2.
Company:	ID #:						
1.	1.						
2.	2.						

LODGING SERVICES													
<b>Room Type</b>	<input type="checkbox"/> smoking <input type="checkbox"/> handicap accessible <input type="checkbox"/> non-smoking <input type="checkbox"/> other:												
<b>Preferred Hotels</b> Some hotel reservations require a credit card guarantee. Traveler must obtain a cancellation confirmation in order to avoid billing on unused hotel stays.	<table border="1"> <tr> <td>Hotel Name:</td> <td>ID #:</td> </tr> <tr> <td>1.</td> <td>1.</td> </tr> <tr> <td>2.</td> <td>2.</td> </tr> <tr> <td>3.</td> <td>3.</td> </tr> <tr> <td>4.</td> <td>4.</td> </tr> <tr> <td>5.</td> <td>5.</td> </tr> </table>	Hotel Name:	ID #:	1.	1.	2.	2.	3.	3.	4.	4.	5.	5.
Hotel Name:	ID #:												
1.	1.												
2.	2.												
3.	3.												
4.	4.												
5.	5.												

**All information herein is confidential. It is for use by Passageways Travel in facilitating travel reservations and is only on file at their offices. Fax completed form to Passageways Travel at (517) 351-8111**

**This last section should not be transmitted via e-mail. Please print, fill-out, and fax or mail.**

AUTHORIZATION
I hereby warrant that I am an authorized traveler for Lansing Community College and request Passageways Travel to charge reimbursable business travel (air, car and/or hotel guarantees) to my designated credit card as per the LCC travel policy.
<b>Signature</b> _____ <b>Today's Date:</b> _____ <b>Credit Card #</b> _____ <b>Expires:</b> _____ <b>Credit Card Verification # (3 or 4 digit number on the back of card)</b> _____

I hereby authorize Passageways Travel to hold my signature on file in order to charge and/or to guarantee <u>personal</u> travel arrangements to my designated credit card.
<b>Signature</b> _____ <b>Today's Date:</b> _____ <b>Credit Card #</b> _____ <b>Expires:</b> _____ <b>Credit Card Verification # (3 or 4 digit number on the back of card)</b> _____