



CYBERLYNX

Correspondence Program

PO Box 599

Nenana, AK 99760

Phone: (907)832-5423

Toll Free: (888)424-5969

transcripts@nenanalynx.org

www.cyberlynx.org

Official Transcript Request Form

Name: _____
Last First Middle

Maiden Name: _____ Date of Birth: ____/____/____

Address: _____
P.O. Box/Street City State Zip Code

Phone Number: (____) _____ (____) _____ (____) _____
Home Cell Work

Dates of Attendance: _____ to _____ Did you Graduate? Yes No

School/Program: Nenana City School CyberLynx Correspondence Nine Star

Institutions you wish transcripts to be sent:

Name of Institution #1	
Attention	
Address	
City, State, Zip	

Name of Institution #2	
Attention	
Address	
City, State, Zip	

Signature/Parent or Legal Guardian if under 18 _____ Date _____

Mail to: Nenana City School District
Attention: Registrar
P.O. Box 10
Nenana, AK 99760

E-Mail to: transcripts@nenanalynx.org

All transcript requests must be signed by the student. A parent or legal guardian may sign the form if the student is under the age of 18.