



CyberLynx

Correspondence Program
600 W. 41st Suite 201
Anchorage, AK 99503

Email: anchorage@nenanalynx.org
Phone: 907-277-0730
Fax: 907-277-0731

Student Records Request Form

Attn: Registrar

Last School Attended: _____

Address: _____
City State Zip

Phone Number: _____ Fax Number: _____

School year the student last attended this school: _____ Last grade level: _____

Name of Student: _____ Birth date: _____

Parent's Full Name: _____

PLEASE FORWARD ANY RECORDS FOR THE ABOVE-NAMED STUDENT TO:

**CyberLynx Anchorage
Nenana City School District
600 W. 41st. Suite 201
Anchorage, AK 99503**

**Email: anchorage@nenanalynx.org
Phone: 907-277-0730
Fax: 907-277-0731**

I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party. I also understand that it is my right to request a copy of all information and contest any information I feel is incorrect.

Thank you for your time and consideration in this matter.

Signature of Parent/Guardian/CyberLynx Registrar

Date