



CyberLynx

Correspondence Program
59 College Road, Suite 107
Fairbanks, AK 99709

Email: fairbanks@nenanalynx.org
Phone: 907-455-7633
Fax: 907-455-7634

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 Fairbanks
Nenana City School District
59 College Road, Suite 107
Fairbanks, AK 99709**

**Email: fairbanks@nenanalynx.org
Phone: 907-455-7633
Fax: 907-455-7634**

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