



CyberLynx

Correspondence Program
PO Box 599
Nenana, AK 99654

Email: nenana@nenanalynx.org
Phone: 907-832-5423
Fax: 907-832-5468

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 Nenana
Nenana City School District
PO Box 599
Nenana, AK 99760**

**Email: nenana@nenanalynx.org
Phone: 907-832-5423
Fax: 907-832-5468**

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