



# CyberLynx

Correspondence Program  
4401 Business Park Blvd.  
Suite N46  
Anchorage, AK 99503

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

## 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  
4401 Business Park Blvd.  
Suite N46  
Anchorage, AK 99503**

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

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