

Ulysses High School

501 N McCall

Ulysses, KS 67880

(620) 356-1380

FAX: (620) 356-5566

Please send an official copy of my transcript and ACT scores (if available) to:

(School)

(Address)

(City, State, Zip Code)

Name of Student: _____

Signature of Parent or Student (if age 18)

Date

All official copies of transcripts will be mailed by Ulysses High School or given to student in a sealed envelope.