

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

[Insurance Company Name]  
[Agent Name or Department]  
[Address]  
[City, State, Zip Code]

RE: Good Student Discount Application  
Policy Number: [Your Policy Number]  
Driver Name: [Teen Driver's Full Name]

To Whom It May Concern,

I am writing to request the "Good Student Discount" be applied to the auto insurance policy listed above for my child, [Teen Driver's Name].

[Teen Driver's Name] is a full-time student at [School Name] and has maintained a grade point average of [GPA] during the most recent grading period. This meets your eligibility requirement for the discount.

Attached to this letter is a certified copy of the [Report Card / Transcript / School Letter] as proof of academic standing.

Please update my policy to reflect this discount and send a confirmation of the new premium amount. If you require any further documentation, please contact me at [Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosure: [Type of Academic Record]