

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

[Date]

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

RE: Application for Student Away at School Discount - Policy #[Your Policy Number]

To Whom It May Concern,

I am writing to formally request a "Student Away at School" or distant student discount for the following driver listed on my policy:

Student Name: [Name of Teenager]

Date of Birth: [Date of Birth]

This student is currently enrolled as a full-time student at [Name of School/University], located in [City, State]. The school is approximately [Number] miles away from our primary residence.

The student resides at school and does not have a vehicle at their disposal while on campus. They will only be operating the insured vehicles during holiday breaks and scheduled school vacations. As a result, the annual mileage for this driver will be significantly reduced.

Please find attached the following supporting documentation:

- Proof of full-time enrollment (Current transcript or registrar's letter)
- Proof of residency at the school location

Please update my policy to reflect this discount and provide me with a revised premium statement. If you require any additional information or specific forms, please let me know.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]