

[Insurance Company Name]  
[Policy Department]  
[Street Address]  
[City, State, Zip Code]

**Date:** [Current Date]

**Policy Number:** [Your Policy Number]  
**Insured Driver Name:** [Teenager's Full Name]  
**Insured Vehicle:** [Year, Make, Model, VIN]

## **POLICY DECLARATION LETTER: CAMPUS BOUND STATUS**

To Whom It May Concern,

This letter serves as an official declaration regarding the residency and vehicle status of the insured driver mentioned above. The driver is currently enrolled as a full-time student at [Name of University/College] for the [Academic Year/Semester] term.

### **Campus Information:**

- **School Name:** [Name of Institution]
- **Campus Address:** [City, State]
- **Distance from Primary Residence:** [Number of Miles]

### **Vehicle Status (Check one):**

- The vehicle will remain at the primary residence and will not be driven by the student while at school.
- The vehicle will be taken to campus and parked at the student's campus residence.

### **Requested Policy Adjustments:**

Based on the student's relocation to campus, we are requesting a review of the current premium for the following discounts (if applicable):

- Student Away at School Discount
- Good Student Discount (Current transcript attached)
- Low Mileage Credit

Please update the policy records to reflect this change in garaging location or driver status. We understand that any material changes to the student's enrollment or vehicle usage must be reported to [Insurance Company Name] immediately.

Sincerely,

[Policyholder Signature]

[Policyholder Printed Name]

[Phone Number]

[Email Address]