

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

[Date]

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

Re: Notice of Status Change - Student at Distant College
Policy Number: [Your Policy Number]

Dear [Insurance Agent Name or Customer Service Department],

I am writing to request a change in the driver status for [Student Name] on my auto insurance policy, effective [Start Date].

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

While attending school, [Student Name] will not have a vehicle on campus and will only operate the insured vehicles during holiday breaks or school vacations. Based on these circumstances, I would like to apply for the "Student Away at School" discount or reclassify [Student Name] as a distant/occasional driver.

I have attached a copy of the [Enrollment Verification/Tuition Bill] as proof of attendance. Please update the policy and provide me with a revised premium statement reflecting this change.

Thank you for your assistance. Please contact me if you require any additional information.

Sincerely,

[Your Signature]
[Your Printed Name]