

[Date]

[Student Name]  
[Student ID Number]  
[Street Address]  
[City, State, Zip Code]

**Subject: Annual Review of University Enrollment and Insurance Policy Status**

Dear [Student Name],

According to our records, you are currently enrolled as a [Full-time/Part-time] student at [University Name] for the [Semester/Year] academic term. As part of our annual compliance process, we are conducting a review of your University Enrollment Auto Policy.

This review is to ensure that your current insurance coverage aligns with the university's requirements for students who operate motor vehicles on campus or maintain university-affiliated parking permits. Our records indicate the following information:

- **Policy Number:** [Policy Number]
- **Vehicle on File:** [Year/Make/Model]
- **Current Coverage Period:** [Start Date] to [End Date]

**Action Required:**

Please log in to the [University Portal Name] by [Deadline Date] to confirm that your insurance information is up to date. If there have been any changes to your vehicle registration or insurance provider, you must upload a digital copy of your current insurance card.

Failure to maintain active coverage or provide updated documentation may result in the suspension of your campus parking privileges or a hold on your student account.

If you have any questions regarding this policy review, please contact the [Office Name, e.g., Department of Transportation Services] at [Phone Number] or [Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Name of Official]  
[Title]  
[University Name]