



Good Student Certificate

For:

State/Zip:

ATTENTION: SCHOOL OFFICIAL

Please complete and sign this certificate indicating that the student named below meets the following academic qualifications. With this certificate, the student may qualify for an automobile insurance discount.

THANK YOU

STUDENT'S NAME	STUDENT # (if applicable)	DATE OF BIRTH
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ADDRESS _____

This certifies that:

1. The person named above is a full-time student enrolled in:

High School _____
(Name & Address)

University or College _____
(Name & Address)

and has attained the level of Freshman Sophomore Junior Senior

2. The scholastic records for the marking period starting _____ and ending _____ show that this student has attained one or more of the following:

Ranked among the upper 20% of the class scholastically, or

Had a grade average of "B" or its equivalent (if the system of grading cannot be averaged, no grade shall be below "B"), or

Had a grade average of at least 3 using a 4, 3, 2, 1 numerical grade point system, or

Was included in a "Dean's List", "Honor Roll", or comparable list indicating scholastic achievement.

SIGNATURE OF SCHOOL OFFICIAL	TITLE OF SCHOOL OFFICIAL	DATE
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