



# 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
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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