

Good Student Certificate

Policy No: _____

Insured Name: _____

This is to certify that: _____

1. Is enrolled as a full-time student in:

_____ High School at _____

_____ College/Unv. at _____

_____ Freshman _____ Sophomore _____ Junior _____ Senior

2. The Scholastic Records for the immediately preceding semester (or comparable period) show that this student has attained one or more of the following*:

_____ Ranked among the upper 20% of his/her class scholastically; or

_____ In a school using letter grades, has a grade average of "B" (if the system of letter grading cannot be averaged, no grade shall be below "B"); or

_____ Has a grade average of at least 3 points on a 4-point scale (or its equivalent); or

_____ Was included in "Dean's List" or "Honor Roll" (or other comparable list for scholastic achievement).

* *Please provide a report card or other school documentation to verify the information above or submit this form with the signature of a school official (see below).*

Date _____ Signed by: _____
(School Official) (Title)

I hereby grant permission for the above information to be released.

Date _____
Signature of Student Signature of Parent/Guardian

WM-GS-(08-20)

Please email form or report card to underwriting@wayneinsgroup.com or mail to the address below.

Return To: **Wayne Insurance Group**
P.O. Box 1735
Wooster, Ohio 44691