



**BALL STATE
UNIVERSITY**

DATE RECEIVED

CARDINAL CENTRAL **2025-26 RELEASE OF INFORMATION**

STUDENT NAME (please print) _____

BALL STATE STUDENT ID # _____

STUDENT RELEASE: I grant permission to Cardinal Central and/or the Office of Financial Aid and Scholarships at Ball State University to release financial aid information to the agencies that I have listed on this form. This authorization covers the 2025-2026 Academic Year and Summer 2026 (see availability dates below).

TERM	INFORMATION AVAILABLE AFTER
FALL SEMESTER 2025 8.18.2025 to 12.12.2025	August 10, 2025
SPRING SEMESTER 2026 1.5.2026 to 5.1.2026	January 2, 2026
SUMMER 2026 5.11.2026 to 7.17.2026	May 3, 2026

Permission to release information requested by the following agencies:

_____ CASE#: _____

***Please note:** Agency must submit a request for the information.

Signature: _____ Date: _____