



**BALL STATE
UNIVERSITY**

DATE RECEIVED

CARDINAL CENTRAL **2024-25 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 2024-2025 Academic Year and Summer 2025 (see availability dates below).

TERM	INFORMATION AVAILABLE AFTER
FALL SEMESTER 2024 8.19.2024 to 12.13.2024	August 11, 2024
SPRING SEMESTER 2025 1.6.2025 to 5.2.2025	January 2, 2025
SUMMER 2025 5.12.2025 to 7.18.2025	May 4, 2025

Permission to release information requested by the following agencies:

_____ CASE#: _____

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

Signature: _____ Date: _____