



**BALL STATE
UNIVERSITY**

DATE RECEIVED

CARDINAL CENTRAL
2026-27 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 my financial aid award information to the agencies that I have listed on this form. This authorization covers the 2026-2027 Academic Year and Summer 2027 (see availability dates below).

TERM	INFORMATION AVAILABLE AFTER
FALL SEMESTER 2025 8.18.2025 to 12.12.2025	August 16, 2026
SPRING SEMESTER 2026 1.5.2026 to 5.1.2026	January 3, 2027
SUMMER 2026 5.11.2026 to 7.17.2026	May 9, 2027

I have granted permission to release my financial aid information, which has been requested, to the following agencies (Please list all applicable agencies):

AGENCY(S): _____

CASE#: _____

COMMENTS: _____

Signature: _____ Date: _____