



BALL STATE UNIVERSITY

Office of Financial Aid and Scholarships

DATE RECEIVED

2019-20 RELEASE OF INFORMATION

STUDENT NAME (please print) _____

BALL STATE STUDENT ID # _____

STUDENT RELEASE: I grant permission to 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 2019-20 Academic Year and Summer 2020 (see availability dates below).

TERM	INFORMATION AVAILABLE AFTER
FALL SEMESTER 2019 8/19/19 to 12/13/19	August 12, 2019
SPRING SEMESTER 2020 1/6/20 to 5/1/20	December 30, 2019
SUMMER 2020 5/11/20 to 7/17/20	May 4, 2020

Permission to release information requested by the following agencies:

_____ CASE#: _____

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

Signature: _____ Date: _____