Gateways to Opportunity®
Illinois Professional Development System

GATEWAYS CREDENTIALS

GATEWAYS TO OPPORTUNITY: AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ (Applicant Name) am currently a participant in the Gateways to Opportunity credentialing process in cooperation with _____ (Company Name and Name of Director/Administrator).

I hereby give permission to _____ (Company Name and Name of Director/Administrator) to access my Gateways to Opportunity credential information. This includes, but is not limited to, oral and written communication with Gateways to Opportunity staff concerning the status of my credential application.

I understand that this information will be used to help me in the credentialing process.

_____	_____	_____
(Signature)	(Registry Member ID)	(Date)

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