Gateways to Opportunity®
Illinois Professional Development System

GATEWAYS CREDENTIALS

GATEWAYS TO OPPORTUNITY: AUTHORIZATION FOR RELEASE OF INFORMATION

The individuals below herby give permission to _____ (Name of Director/Administrator) _____ of _____ (Company Name) _____ to access information about the individual's Gateways to Opportunity Credential application process. This includes, but is not limited to, oral and written communication with Gateways to Opportunity staff concerning the status of the individual's Credential(s) application.

Printed name of Gateways Credential Applicant	Signature of Gateways Credential Applicant	Registry Member ID

Administered through inccrra

IDHS ILLINOIS DEPARTMENT OF HUMAN SERVICES DIVISION OF EARLY CHILDHOOD

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