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 and Professional Development History. 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), transcript review process, and Professional Development History.

Printed name of Gateways Credential Applicant	Signature of Gateways Credential Applicant	Registry Member ID
_____	_____	_____
_____	_____	_____
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Administered through inccra

IDHS Illinois Department of Human Services