

Gateways Credentials
Gateways to Opportunity: Authorization for Release of Information

The individuals below hereby 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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