



**Gateways Credentials**  
**Gateways to Opportunity: Authorization for Release of Information**

I, \_\_\_\_\_(applicant name), \_\_\_\_\_(Registry Member ID) 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 \_\_\_\_\_ 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 and the transcript review process.

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

