

## **Chief Information Officer (CIO) Authorization Form**

Applicant Information		
Firs	t Name	Last Name
Age	ncy	Department
Th	e CIO acknowledges the Information Sec	curity Leadership Academy (ISLA):
de	Requires full participation in the formal to Acceptance will likely require the redistrict training sessions 3-5 days per week and class sessions.  Will be delivered primarily using Zoom to sessions regardless of the candidate's long greater Rancho Cordova area.  May incur travel costs (e.g., class sessions to the candidate's long to the ca	and there are no refunds once the academy begins. training sessions with no more than <b>three (3)</b> absences. ribution of the candidate's workload due to scheduled dipreparation for the CISM exam outside of scheduled out will require the candidate to attend several in-person location. All in-person sessions will be held within the ons at the Department of Technology's Training and
Name		Email
Title		Signature
Add	itional comments regarding your recommendation	n of this candidate (optional).

This form must accompany the ISLA Application and must be signed by the applicant's CIO to be considered for scoring and acceptance into the program.