

MEMORANDUM FOR:

CS Office, Leader College of Network Operations (DoDIN)
U.S. Army Signal Center
Fort Gordon, Georgia 30905

DATE: (CURRENT DATE)

SUBJECT: Attendance at (Certified Information Systems Security Professional, Security+, Network Manager Security, UNIX Systems Administrator Security).

1. Request (STUDENT FULL NAME) be admitted and attend the Course.
2. Course Number: (7E-F103/531-F56, 7E-F104/531-F57, 7E-F105/531-F58, 7E-F106/531-F59. Select based on course selection. Listed respectively.)
3. Class Number (XX-XX)
4. Dates: (START DATE) through (END DATE)
5. (STUDENT FULL NAME) is an employee of (COMPANY NAME), with the job title of (SYSTEM ADMINISTRATOR) AND/OR (NETWORK MANAGER), working with government computer systems at (LOCATION/ INSTALLATION/ STATE)
6. ATRRS confirmation for enrollment in the above-stated class has been received

(SIGNATURE)

(FULL NAME)

(TITLE/ POSITION/ RANK)

(Please be sure this signature comes from a Government Official)