



Social Media Account Approval Form

Account Administrator: _____

Name/Title: _____

Department/Program: _____

Phone/email: _____

Social Media Account Description & Purpose: _____

Social Media Account Staffing: Include individual(s) creating and operating the account other than the primary administrator:

Describe how this Social Media Account will align with the University's mission and/or strategic priorities:

Proposed Account Start Date: _____

APPROVAL: I have read and understand the *Social Media Guidelines* and *Social Media Account Preparation* information. I take full responsibility for being aware of general best practices, as well as University, State and Federal policy and guidelines governing the use of Social Media.

Account Operator(s)

Date

Account Administrator

Date

Immediate Supervisor of Account Administrator

Date

******* Submit Form to the Office of University Communications, Dominic Hall. *******