## **Application for Social Media Account**

The purpose of this form is to ensure that all social media related to Valdosta State University adheres to the institution's Social Media Policy.

Upon completion of this form, it should be forwarded to the attention of the Office of Communications and Marketing's Social Media Manager(s) at <a href="mailto:socialmedia@valdosta.edu">socialmedia@valdosta.edu</a>. They will contact you to schedule a consultation before including your account in VSU's official social media sites.

#### Administrators of your social media accounts:

Please provide contact information for two (2) full time (or equivalent) VSU employees who will serve as administrators of the account(s) and the unit supervisor. Administrators of social media accounts should understand the importance of using appropriate language, acceptable use, determining if posts are acceptable, intended audience, relevancy, and correlating social media use with existing university policies. In the event an administrator violates the VSU Social Media Policy or other established VSU Policy, applicable university policies will be enforced.

Account Administrator #1		
First Name:	Last Name:	
Job Title:	Unit Name:	
Supervisor:		
Email Address:	Phone Number:	
Account Administrator #2		
First Name:	Last Name:	
Job Title:	Unit Name:	
Supervisor:	•	
Email Address:	Phone Number:	

Please briefly describe the intended purpose of your account(s):

### **Social Media Account Details**

What type of social media accounts are you creating? If you already have an account set up, please provide the existing account's information. Please complete all that apply.

Social Media Type	Page Name	Handle (e.g., @valdostastate)	Account Email Alias	Account Password
Facebook				
Instagram				
Twitter				
Snapchat				
TikTok				

### **Policy Agreement:**

I have read and understand the terms and conditions applicable to the social media account(s) for which I am applying. By signing below, I agree to VSU's Social Media policy and will abide by existing university policies in order to promote Valdosta State University in a positive way.

Account Administrator #1	
Full Name:	
Signature:	Date:
Account Administrator #2	
Full Name:	
Signature:	Date:

# **OCM Use Only**

This social media account has been approved and added to the directory of official accounts.

Consultation by:	Date:
Approved by:	Date:
Added by:	Date:

Form Modified: February 16, 2021