

HARRIS-STOWE
STATE UNIVERSITY
OFFICE OF COMMUNICATIONS
AND MARKETING

Social Media Account Request & Registration Form

PLEASE NOTE: One form must be completed for EACH account.

Date: _____

Department/Club/Official HSSU Organization: _____

Name of two staff or faculty member responsible for account:

Name: _____ Position/Title: _____

Contact Phone: _____ Contact Email: _____

Name: _____ Position/Title: _____

Contact Phone: _____ Contact Email: _____

Type of account (ex. Facebook, Instagram, Twitter): _____

Link / Username of account (example: www.twitter.com/HarrisStowe, www.facebook.com/HarrisStowe)

Password for account (Please note this is for OCM records): _____

Why are you creating this account? _____

What audience are you hoping to reach? _____

I agree that the purpose of this social media page is to promote official HSSU academic programs, events and news. I agree that as the official HSSU representative for this site, I will monitor this page on a daily basis to ensure all content is related to university business and does not contain any offensive, suggestive or accusatory material. I agree to positively represent the University and uphold the mission and values of HSSU at all times.

Signature of Registrant: _____ Date: ____/____/____

Signature of Supervisor: _____ Date: ____/____/____

Please fax email to DavisR@hssu.edu

For questions, please contact:

Office of Communications & Marketing

Henry Givens, Jr. Administration Building, Rm. 307B

Phone: (314) 340-3391

Fax: 252.335.3769

OFFICE OF COMMUNICATIONS & MARKETING

____ Approved

____ Not Approved Reason: _____

Staff Member: _____

Date: _____