

ELIZABETH CITY STATE UNIVERSITY

OFFICE OF COMMUNICATIONS & MARKETING

Social Media Account Request Form

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

Date: _____

Department/Club/Official ECSU Organization: _____

Name of staff or faculty member responsible for account: _____

Contact email: _____ Contact Phone: _____

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

Link / Username of account (example: *www.twitter.com/ECSU*, *www.facebook.com/ElizabethCityStateUniversity*)

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 ECSU academic programs, events and news. I agree that as the official ECSU 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 ECSU at all times.

Signature of registrant: _____ Date: ___/___/___

Signature of supervisor: _____ Date: ___/___/___

Please email this form to rmhayes@ecsu.edu

For questions, please contact:

Office of Communications & Marketing

Marion D. Thorpe Administration Building, Rm. 320

Phone: 252.335.3103

COMMUNICATIONS & MARKETING

___ Approved

___ Not Approved Reason: _____

Staff Member: _____

Date: _____