

Southern University Agricultural Research & Extension Center
College of Agricultural, Family and Consumer Sciences
Office of Technology and Communications Services
Social Media Request Form

Date of Request: _____

Please provide all the required information and return this form to the Communications Office. The request should be submitted 7 days prior to site set-up.

Your Name: _____ **Email:** _____

Social media site you are requesting: (Select all that apply) ___ Facebook ___ Twitter ___ Instagram

Requested date to post new site: _____

User Name(s) or Handle(s): _____

Site Password(s): _____

1. Provide a brief statement of why the site is required and how it will advance the mission of our organization:

2. Provide a description or sample of the content you will be hosting on the social site:

3. Name of authorized users to maintain and update the site: _____

4. Details you want listed on social media profile (Name, Phone number, Web Address, Email, etc):

FOR OFFICE OF TECHNOLOGY/COMMUNICATIONS ONLY:

Approved by Department Head	Initial: _____	Date: _____
Received by Communications Office	Initial: _____	Date: _____
Approved by Technology/Communications Director	Initial: _____	Date: _____
Inventoried	Initial: _____	Date: _____