



SAINT LEO UNIVERSITY

Social Media Account Request Form

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

Date: _____

Department/Club/Official Organization: _____

Name of Staff/Faculty member responsible for account: _____

Contact Phone: _____ Contact Email: _____

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

Username/Handle/Link of account (example: www.twitter.com/saintleouniv www.facebook.com/officialsaintleo)

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 SAINT LEO academic programs, events and news. I agree that as the official SAINT LEO 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 material or personal opinions. I agree to positively represent the University and uphold the mission and values of SAINT LEO at all times.

Signature of registrant: _____

Date: ___/___/___

Signature of supervisor: _____

Date: ___/___/___

Please email this form to april.vanderlip@saintleo.edu

For questions, please contact:

April Vanderlip

Director of Social Media

Phone: 352.588.8007

___ Approved

___ Not Approved

Reason: _____

www.saintleo.edu

Date: _____