



**KENTUCKY STATE
UNIVERSITY**

BRAND IDENTITY AND UNIVERSITY RELATIONS

HUME HALL #103 | 400 EAST MAIN STREET
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SOCIAL MEDIA ACCOUNT REQUEST FORM

Before creating any social media account representing Kentucky State University, you must seek approval and guidance from the Division of Brand Identity and University Relations.

In order to evaluate your needs, you will need to complete a **Social Media Brief**. Part of the evaluation also requires that you provide an editorial content calendar for a period of six months. This calendar is used to evaluate the tone and style of the content and to ensure that it is reflective of Kentucky State University's voice.

Name of Requestor: _____

Department/Division: _____

Phone: _____

Email: _____

NOTE: (Any social media page or account operated by an employee in order to communicate on behalf of the university must be connected to a Kentucky State University email address.)

What type of account are you looking to create?

Facebook

Twitter

Instagram

YouTube and/or Vimeo

LinkedIn

Other

PLEASE MARK TO CONFIRM

I agree that the purpose of the social media account is for engagement purposes and to promote official communications related to Kentucky State University.

I understand that only the Division of Brand Identity and University Relations is authorized to release official University news and information.

I agree that as the official representative for the account, I will monitor the account on a daily basis for offensive content, removing unacceptable posts.

I agree to positively represent Kentucky State University upholding the **Mission, Vision and Core Values** of the University at all times.

I have read and understand the Division's **Social Media Recommendations**.

- I have read the Division's **Terms of Use Statement** and, if authorized to use social media, I will comply with these terms.
- I have read and understand the **terms of service and agreement** for the platform I wish to create an account.
- I have read and understand the University's **Graphic Standards** manual.
- I have read and understand the University's **Appropriate Usage** and **Use of University Internet** policies.
- I understand my responsibilities related to **privacy and copyright**.
- I understand my responsibilities related to **Public Records Requests**.
- I understand that I will be required to report to the **Director of Communications** about my use of social media.
- I understand that all employees authorized to use social media must use appropriate grammar, punctuation and spelling, and that employees who repeatedly exhibit poor writing and plagiarism may lose their social media authorization.
- I confirm that all employees listed below have read and understand the requirements of this section.

ACCOUNT MANAGERS

Starting with the primary account manager, list the employee who will be responsible for managing the requested account. All employees who will have access to the account must be approved in advance. Students are not allowed to manage official University social media accounts.

| NAME | TITLE | SIGNATURE |
|----------|-------|-----------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

SIGNATURES

Signature of Registrant:

Date: _____

Signature of Supervisor:

Date: _____

Signature of Unit Vice President:

Date: _____

| BRAND IDENTITY AND UNIVERSITY RELATIONS | |
|--|--|
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> NOT APPROVED |
| Reason: _____ | |
| _____ | |
| Director of Communications: | |
| _____ | |
| Date: _____ | |
| Senior Vice President: | |
| _____ | |
| Date: _____ | |