



Mansfield ISD Authorized Social Media Account

ACCOUNT ADMINISTRATOR

Date: _____	Campus or Location: _____
Administrator of account: _____	E-mail address: _____
Department, Campus, Classroom, or Organization name: _____	
District phone number: _____	Cell phone number: _____
Type of social media account(s) (i.e. Twitter, Facebook, Google Plus): _____	
Intent of the account: _____	

BACKUP ACCOUNT ADMINISTRATOR (Required for all accounts. Must be a Principal or designee):

Name: _____	E-mail address: _____
District phone number: _____	Cell phone number: _____
Social media page login name (ex: BHS Student Council Fan Page or @bmsscampus): _____	
Social media account username: _____	Social media account password: _____

AGREEMENTS (initial by each statement):

_____ My initials affirm that I have read the MISD Social Media Guidelines and agree to abide by them.

_____ My initials affirm that I have read and agree to the terms and conditions of the Mansfield ISD Acceptable Use Policy found in the Employee Handbook.

_____ My initials affirm that I have read the MISD Policies DH(LEGAL)(LOCAL) and (EXHIBIT) and understand Electronic Media expectation use with students.

Account Administrator (signature)

Principal or Department Director (signature)

For Communications Department Use Only:

(signature)

(date)

Once approved by the campus principal or non-campus department supervisor, email a copy to the Communications Department at info@misdmail.org. If you have any questions, call 817-299-6349.