



Conestoga Valley School District Social Media Account Request Form

Date: _____

Account Manager's Name(s): _____

Email(s): _____

Building(s): _____

Social Media Account Being Requested:

☐ Facebook Page/Group

☐ Instagram

☐ Other (specify): _____

Anticipated Profile Name/Handle: _____

Account's Target Audience: _____

What type of content will you be sharing on this account?

Who will be monitoring the account? *Note the guidelines that mandate two CV staff members must have login access to each account.*

Requested Launch Date: _____

Social Media Agreement Consent Form

As manager of an official Conestoga Valley social media account, I acknowledge I will abide by all requirements listed below:

- Follow the CV Social Media Guidelines.
- Set up account using a CV email address.
- Send the profile name and email address used for its creation to the Public Relations Director.
- Keep the account up-to-date with regular postings.
- Use only approved CV logos.



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Please remember that all content posted is public, domain, therefore, the following apply:

- News media can use any comments or content posted.
- Content must adhere to CV privacy, FERPA, copyright, trademark, HIPAA, Right to Know, and other legal guidelines.
- Report any content that falls under mandated reporting.
- Keep profiles as closed (no comment) forums (see policy for details).

Remain cordial online by following these standards:

- Respond to inquiries via social networks in a timely manner.
- Remain courteous when disagreeing with someone's opinion.
- Use proper grammar and spelling.
- Refer all media-related requests to the Public Relations Coordinator immediately.
- Include a link to the district social media disclaimer on all pages.

I will not post the following:

- Any content that will harm the reputation of CVSD, its employees or students.
- Personal comments on CV legal matters or posts on controversial subjects.
- False or speculative information or offensive remarks.

By signing below, I acknowledge that failure to abide by the terms above could result in account(s) link removal and disciplinary action.

Printed Name

Date

Signature

Building Administrator/Supervisor Approval Signature

Date

Board President Approval Signature

Date

**SEND TO PUBLIC RELATIONS DIRECTOR ONCE
SIGNED BY BUILDING ADMINISTRATOR/SUPERVISOR.**

Communication Office Use Only

_____ Approved by Board _____ Denied by Board Date: _____

By: _____

Notes: _____