

Somerset Independent School District
Authorization for Social Media Account

Account Administrator Information

Date:	Campus/Department:
Administrator on Account:	Email Address:
Social Media Platform. Ex: Facebook, Twitter, etc.	Intent of Account:

Agreements

_____ My initials affirm that I have read the SISD 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 Somerset ISD Responsible Use Policy.

_____ My initials affirm that I have read Somerset ISD Policy and understand electronic media expectation use with students.

Account Administrator Signature	Public Information Officer Signature
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