

### SOCIAL MEDIA APPROVAL FORM

Name: \_\_\_\_\_ School: \_\_\_\_\_

Date: \_\_\_\_\_ 20 \_\_\_\_ Account Administrator(s): \_\_\_\_\_

**Type of Account Requested** (Please check all that apply)

Facebook  Twitter  YouTube  Other (Specify) \_\_\_\_\_

Please describe what this account's purpose is or will be:

\_\_\_\_\_

**Account Information:**

Username: \_\_\_\_\_ Password: \_\_\_\_\_

What email is this account linked to: \_\_\_\_\_

I, the undersigned, have read the HFCRD Administrative Procedure 146 Social Media and have completed the following:

- Public Works course M-343 Social Media: Personal and Professional Use and agree to abide by all outlined policies and procedures.
- I have read and agree to the terms and conditions of the Technology Acceptable Use Contract
- I have read and agree to comply with Administrative Procedure 180 - Appendix FOIP Collection of Personal Information.
- I have notified the Communications Coordinator and provided the username and password for my account
- I understand that all posts to social media accounts must protect confidential student information as required by the Freedom of Information and Protection of Privacy Act (FOIP).
- I understand that if I have questions regarding the FOIP Act or HFCRD's FOIP procedures, that I will contact the Division FOIP Coordinator.

\_\_\_\_\_  
Account Administrator Signature

\_\_\_\_\_  
Principal/Supervisor Approval Signature