

DAKOTA COLLEGE AT BOTTINEAU
Request for Social Media Affiliation

Campus Organization: _____
Type of Account: *Facebook* *Twitter* *Snapchat* *Instagram* *Other*: _____

Description of Audience: _____

Description of Purpose: _____

Primary Administrator:

Name: _____

Title: _____

e-Mail Address: _____

Additional Users:

Name: _____

Title: _____

e-Mail Address: _____

Access Level: _____

Name: _____

Title: _____

e-Mail Address: _____

Access Level: _____

Approved by:

Committee _____ Date

Dean _____ Date

Site URL: _____

_____ Site administration authority has been granted to the following account:

ID: _____ Password: _____

I have read the DCB Social Media Guidelines and agree to abide by its procedures:

Site Administrator

Date