EASTERN CONNECTICUT STATE UNIVERSITY

Web Publishing Authorization Form

Departments and individuals seeking to publish content to the web in an official capacity must complete and submit this form for approval. The purpose of this form is to verify that the applicant has read and agrees to abide by the policies set forth by the Web Policy and Review Committee: Web Policy Guidelines.

Instructions

This form can be completed on the computer by entering data into the fields below. Once you have completed the form, print it, and collect the required signatures and mail it to the appropriate administrator. Submit one form per applicant.

Type of Account	Submit form via email or hard copy to Application Approver below:
University Web Pages	Ryan Quigley, Interim Director of University Relations, Gelsi-Young, Room 129
Surveys/Forms	Mike Palumbo, Center for Instructional Technology, Library Room 420
Social Networking Applications *Includes Facebook, YouTube, Flickr, Twitter, Google Plus, and other social networks.*	Ryan Quigley, Interim Director of University Relations, Gelsi-Young, Room 129

NOTE: Students Worker accounts for Surveys/Forms require a full-time staff or faculty member account-holder's approval in order to facilitate the moderation/supervision of the student worker.

First Name: _____ Last Name: _____

Department: _____ Tel: _____

Eastern Email: _____

Web Content Type: _____

Web Content Status: _____

Third Party Internet Service (if applicable): _____

I have received, read and understand the policies set forth by the Web Policy and Review Committee, on behalf Eastern Connecticut State University. All Web content which I create and/or maintain that can be served by any World Wide Web server connected to Eastern Connecticut State University's network will abide by these policies.

Applicant's signature: _____ Date: _____

If the applicant is a student, or the Web Content Status is anything other than personal/individual then an appropriate supervisor signature is required. Departmental/Official status requires the department Chair or Director signature.

Supervisor/Chair/Director signature: _____ Date: _____

*Application Approver signature: _____ Date: _____

Chair/Director: Please indicate whether maintainers of a current service should be replaced by this applicant

Replace Current Maintainer(s)   Retain Current Maintainer(s)