

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:

https://easternct.makekb.com/kb_upload/file/ECSU-Web-Policy.pdf

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.

SUBMISSION PROCESS

University Web Pages: Submit form to University Relations, Gelsi-Young Hall Room 332

Calendar of Events: Submit form to ITS Support Services, Science Building 522.

Surveys/Forms, SharePoint, and Knowledgebase: Submit form to CIT Services, Library Room 420.

Social Network Applications: Submit form to University Relations, Gelsi-Young Hall Room 332. Social Network services include Facebook, YouTube, Flickr, Twitter, Instagram, and other social networks.

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:

Phone: 465-

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)