



Approval Request for New UAHS Social Media Account

Platform(s): _____

Account Name(s) and/or Handle(s) _____

Primary Account Manager

I have read the **UAHS Guidelines for Official Social Media Use** and understand my responsibilities as an account manager.

Print Name Unit and Department

Signature Date

Secondary Account Manager

I have read the **UAHS Guidelines for Official Social Media Use** and understand my responsibilities as an account manager.

Print Name Unit and Department

Signature Date

Unit Social Media Lead

I have consulted with the designated account managers and agree that this new social media account is aligned with the unit’s communications goals and that there are appropriate resources to support it.

Print Name Unit and Department

Signature Date

Unit Head (Dean, Center Director, or SVP for Health Sciences) or Official Designee

I support the creation of this account and understand that resources, such as staff time, will be devoted to maintaining it.

Print Name Unit

Signature Date

Please keep a copy of this form for your records and file the original with the social media coordinator in the Office of the Senior Vice President for Health Sciences.