



Social Media Account Approval Form

Official Name of Account: _____

Account Administrator: _____

Department and/or Program: _____

Social Media Account Description and Purpose:

Social Media Account Staffing: (there must be at least two account administrators)

Proposed Account Start Date: _____

I have read and understand the RCCC Social Media Procedure June 2024. I take full responsibility for being aware of general best practices, as well as our college's, state and federal policy and guidelines governing the use of social media.

Signatures of Account Staff Members:

_____ Date: _____

Account Administrator: _____ Date: _____

Immediate Supervisor: _____ Date: _____

Vice President: _____ Date: _____

Marketing Department: _____ Date: _____