



Social Media Application Form

Name: _____ Date: _____

College/Department/Organization/Club/Association:

Telephone Number _____ Email Address _____

Name and Position of Account Administrator:

1. _____
2. _____

Social Media Team Members:

1. _____
2. _____
3. _____

Brief description and intended purpose of the account/s (use additional paper if necessary)

Select Social Media Platforms

- [] Facebook _____ [] You Tube _____
[] Twitter _____ [] Flickr _____
[] Instagram _____ [] Blogs _____
[] Pinterest _____ [] Wikis _____
[] Others (*Pls. Specify*) _____

Policy Agreement

This is to certify that I have read and agreed to the policies, standards and guidelines on the use of social media in the DLSMHSI Academics.

Signature / Date