

## Web Representative Form

Department: \_\_\_\_\_

Name of Web Representative: \_\_\_\_\_

Email of representative: \_\_\_\_\_

Phone numbers of representative (best possible numbers):

\_\_\_\_\_

Page or Pages of Responsibility:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that by signing this form I take responsibility for the content related to the website or websites listed above. I understand that it is my responsibility to maintain the pages in cooperation with the Senior Director of Public Affairs and Information Technology Services and to follow the guidelines set forth in the Web Management Policy. I understand that before I am given access to edit the website, I am required to complete training with the Web Manager.

\_\_\_\_\_  
Signature of Web Representative

\_\_\_\_\_  
Date

By signing this form I approve the above listed person as the Web Representative for the pages listed above which fall under my area of responsibility.

\_\_\_\_\_  
Signature of Dean or Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Vice President

\_\_\_\_\_  
Date