

TECHNOLOGY USAGE
(Social Media Account Form for District or Classroom Use)

Date: _____

Account Manager's Name: _____

Email: _____

Building: _____ Classroom/Office Phone: _____

Social Media Account Requested (Facebook, Twitter, Instagram, Snapchat, Pinterest, etc.):

_____ Twitter

_____ Facebook Page/Group

_____ Other (specify): _____

Account's Target Audience:

Account's Content:

Plans for monitoring the social media account:

Requested Launch Date: _____

