Conestoga Valley School District
Social Media Account Request Form

Date: 10/8/26

Account Manager's Name(s): Cathy Jo Lutz

Email(s): cathyjo_lutz@conestogavalley.org

Building(s): High School

Social Media Account Being Requested:

☐ Facebook Page/Group

☑ Instagram

☐ Other (specify):

Anticipated Profile Name/Handle: Queer Student Alliance

Account's Target Audience: Queer youth

What type of content will you be sharing on this account?

LGBTQ+ history and education

Who will be monitoring the account? *Note the guidelines that mandate two CV staff members must have login access to each account.*

Cathy Jo Lutz

Requested Launch Date: November

Social Media Agreement Consent Form

As manager of an official Conestoga Valley social media account, I acknowledge I will abide by all requirements listed below:

- Follow the CV Social Media Guidelines.
- Set up account using a CV email address.
- Send the profile name and email address used for its creation to the Public Relations Director.
- Keep the account up-to-date with regular postings.
- Use only approved CV logos.

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Please remember that all content posted is public, domain, therefore, the following apply:
- News media can use any comments or content posted.
- Content must adhere to CV privacy, FERPA, copyright, trademark, HIPAA, Right to Know, and other legal guidelines.
- Report any content that falls under mandated reporting.
- Keep profiles as closed (no comment) forums (see policy for details).

Remain cordial online by following these standards:
- Respond to inquiries via social networks in a timely manner.
- Remain courteous when disagreeing with someone's opinion.
- Use proper grammar and spelling.
- Refer all media-related requests to the Public Relations Coordinator immediately.
- Include a link to the district social media disclaimer on all pages.

I will not post the following:
- Any content that will harm the reputation of CVSD, its employees or students.
- Personal comments on CV legal matters or posts on controversial subjects.
- False or speculative information or offensive remarks.

By signing below, I acknowledge that failure to abide by the terms above could result in account(s) link removal and disciplinary action.

Cathy Jo Lutz _____ 10/29/26

Printed Name _____ Date

_____

Signature

_____ 11/4/26

Building Administrator/Supervisor Approval Signature _____ Date

_____ _____

Board President Approval Signature _____ Date

SEND TO PUBLIC RELATIONS DIRECTOR ONCE
SIGNED BY BUILDING ADMINISTRATOR/SUPERVISOR.

Communication Office Use Only

_____ Approved by Board _____ Denied by Board Date: _____

By: _____

Notes: _____