

Targeted Announcement Authorization Form



With the Launch of 49er Express, we now have a new method of sending messages to our constituents. This feature is called **"Targeted Announcements"**. The persons authorized to use Targeted Announcements follows the guidelines in accordance with UNC Charlotte Policy statement #20: "Electronic Mail Policy".

"Those wishing to transmit broadcast email containing essential University announcements to students, faculty, and/or staff must obtain approval from the appropriate administrative authority. Within the scope of their authority, only the **Offices of a Department Chairperson, Director, Dean, Executive Director, Vice Chancellor, or Chancellor** may authorize the transmission of broadcast messages to a wide audience of students, faculty, and staff."

This form serves two purposes:

- 1) Identifies who will be the delegates assigned the appropriate permissions on their divisions behalf
- 2) Verifies that this delegate has received training and understand the business procedures

Delegate Information:

Organization/Department: _____

Official Authorized User: _____

* This person is the head of the Org/Dept that is Officially authorized to send communication per University policy #20

Delegate:

* This is the person acting on behalf of the above Authorized user, serving as their delegate.

Name: _____ Phone: _____

Email: _____

I agree with the following:

- 1) I have downloaded and reviewed the "Targeted Announcement Guidelines" available online.
- 2) I understand the business procedures associated with this service.
- 3) I am acting as a delegate on behalf of the above organization and authorized user.
- 4) I understand that messages must adhere with email policy #20 and any revision made to that policy.
- 5) I understand that I must only modify messages that I have created and not others.
- 6) I understand that a digital signature must be added to each message signifying our organization & contact info.
- 7) I understand that my authorized access to this service will be subject to an annual renewal process.

Authorized User Signature: _____ date: _____

Delegate Signature: _____ date: _____

*** Send a signed copy of this form to ITS – Application Support**

Admin Use Only

The following are for ITS internal staff tracking purposes only:

Username assigned permission: _____
Date Permission applied to account: _____