

Information Provider Application Form

Agreement

As an information provider, I will maintain my group's information on the Internet, serve as a liason to ITS administration, and act as the contact point for the UM-Western and Internet community.

I will perform the following functions:

- > Coordinate within my group the gathering of information for Internet publication.
- > Decide how the information will be organized.
- > Decide within my group how often their information is going to change and how often their information will be updated.
- > Integrate Internet publishing into my group's publicatin cycle.
- > Convert information from its current form to HTML format (using an ITS approved editor) or submit that information to ITS.
- > Verify that my group's information is up-to-date on the Internet.

I understand the important role I'll serve as the single contact person for my area and the information I must Monitor. I am willing to be contacted whenever any inconsistency or inaccuracy is noticed in my are of responsibility.

Information Provider

As an information provider for the Internet, I agree to accept the responsibilities outlined in the "Information Provider Agreement" for the group(s) designated below. I have read and understood the document "The University of Montana - Western WEB Policies and Procedures" and will comply by its guidelines. I also understand that if I'm provided access to the WEB data area, that access is to be used only for Internet publishing.

Name of Information Provider _____
(Please Print)

Email address of Information Provider _____

Department(s) / Group(s) _____

Signature _____ Date _____

Department Head

* For student groups, the "Department Head" is the Faculty Advisor for the group.

I authorize the individual mentioned above to act as a designated information provider for my group. I have read the "Information Provider Agreement" and understand the responsibilities involved.

Name of Department Head _____
(Please Print)

Signature _____ Date _____

Vice Chancellor

Name of Vice Chancellor _____
(Please Print)

Signature _____ Date _____