



Content Management System Authorization Form

Department: _____

Site(s): _____

AUTHORIZED EDITOR(S)

Role: Enter and edit departmental Web content. Primary editor will act as main department contact for CMS. Editors should be familiar with Web content, but do not need to have special technical skills. Editors must attend training.

Primary editor

Back-up editor (suggested)

Name: _____

Name: _____

Username: _____

Username: _____

AUTHORIZED REVIEWER

Role: Ensures that content has been accurately entered and that there are no errors. The reviewer can edit Web content if desired. The reviewer will need to “approve” content before it is published. The reviewer must be a different person than the editor.

Reviewer

Name: _____

Username: _____

Department head signature: _____

Please return form via intercampus mail to Carol Williams, Marketing & Communications. If you have questions or additional requirements, contact Carol, cwilliams@wpi.edu, x6026 or the CMS Help Desk cmshelp@wpi.edu, x6147.

All content must comply with university Web policies. Marketing & Communications reserves the right to review Web pages.

Content Management Workflow

