

# St. Olaf College

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## THE INFORMATION PROVIDER AGREEMENT FOR OFFICIAL PAGES

Every official page on a St. Olaf WWW Server is required to have a registered Information Provider; all Information Providers for Official Pages must complete, sign, and submit the Information Provider Agreement Form below.

Information Providers at St. Olaf College perform the following functions:

1. Within their unit, they coordinate the gathering of accurate information for the Web page and decisions about how the information will be organized.
2. They determine within their unit how often page information is going to change and when information will be updated.
3. They integrate Web information into their unit's publication cycle.
4. They prepare the information for display on the Web by saving it in the appropriate file type.
5. They respond in a timely fashion to e-mail inquiries generated by their pages and to webmaster queries related to their unit.
6. They verify that the information they place on the Web is accurate and current.

Information Providers are entitled to call on designated members of the ACC for assistance in the creation of their Web space and initial training in the preparation and transferring of data onto the system. The ACC will not assume responsibility for the ongoing maintenance of such data.

## OFFICIAL PAGES INFORMATION PROVIDER AGREEMENT FORM

Please fill out and sign this form, and mail it via campus mail to "Webmaster, ACC."

### Information Provider Section (to be completed by all Information Providers)

As an Information Provider for the Internet, I agree to accept the responsibilities outlined above in the INFORMATION PROVIDER AGREEMENT FOR OFFICIAL PAGES for myself or for the unit designated below. I have read and understand the documents CWIS POLICIES AT ST. OLAF and ST. OLAF WWW SERVER STANDARDS and will comply with their requirements. (CWIS policy documents are available on the Web at: [http://www.stolaf.edu/cwis\\_policies/](http://www.stolaf.edu/cwis_policies/))

**I agree to be an Information Provider for an Official Page.**

Name of Department/Group/Unit: \_\_\_\_\_

Name of Information Provider (please print): \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Signature of Information Provider: \_\_\_\_\_ Date: \_\_\_\_\_

### Department Head/Supervisor Section (to be completed by the Department Head/Supervisor)

**I authorize the individual mentioned above to act as a designated Information Provider for**

(insert name of Department/Group/Unit): \_\_\_\_\_

I have read the INFORMATION PROVIDER AGREEMENT FOR OFFICIAL PAGES and understand the responsibilities involved. I have read and understand the documents CWIS POLICIES AT ST. OLAF and ST. OLAF WWW SERVER STANDARDS and assure that the Information Provider for our group will comply with their requirements. (CWIS policy documents are available on the Web at: [http://www.stolaf.edu/cwis\\_policies/](http://www.stolaf.edu/cwis_policies/))

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Dept. Head/Supervisor (please print): \_\_\_\_\_

Title of Dept. Head/Supervisor: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Send questions to [webmaster@stolaf.edu](mailto:webmaster@stolaf.edu).