

Social Media Takeover Permission Slip

This form grants permission for an individual or group to take over and post content on the specified organization's social media account(s) for a set date or period.

Organization & Account Details

Organization Name

Social Media Account(s) to be Taken Over

Takeover Participant Information

Participant Name

Email

Role/Relationship to Organization

Takeover Details

Start Date

End Date

Purpose of Takeover

Content Guidelines/Restrictions

Other Notes or Instructions

Permission & Agreement

- I agree to follow the organization's guidelines for content and conduct while accessing its social media account(s).
- I understand that my access may be revoked at any time at the organization's discretion.

- I will not share login credentials or account access with others.
- I agree to use the account(s) solely for the intended purpose stated above.

Participant Signature

Date

Organization Representative Signature

Date