THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

SCHOOL/DEPARTMENT REQUEST FOR SOCIAL MEDIA SITE(S)

School/Department Name:		
School Principal/Department Admir	nistrator:	
Date:		
Social Media Administrative Team: List the name of the social media add to post and monitor content on your	-	the team who are allowed
Name of Social Media Administrato	r:	
Social Media Team Members:		
1		
2		
3		
4		
List Site Names of All Social Media	Accounts for Which You Are Request	ting Permission
Facebook:		
Twitter:		
Instagram:		
I have read the guidelines, and agree social media sites and related conter Signature Required:		department-sanctioned
- 0		
Principal/Department Administrator		
The following information to be cor	npleted by the Community Relation	s Department:
Date Approved:		
Official Social Media Email Address:		
Original: Community Relations Copy: School/Department	An Equal Opportunity Agency	FC-231-2551 (08/15/16)