



**AUTHORIZATION TO ACCESS OFFICIAL
UTRGV DEPARTMENTAL SOCIAL MEDIA ACCOUNT(S)**

First Name: _____

Last Name: _____

Title: _____

Department/Unit: _____

UTRGV Email: _____

Phone: _____

I am requesting access to the following departmental social media accounts:

By signing below, I acknowledge that I have read and will abide by UTRGV's Social Media Guidelines, available at UTRGV.EDU/SOCIAL, and the relevant university policies and procedures referenced therein. I understand the content I submit while acting as an agent of an official university social media property represents official communication on the behalf of my department/university, and I am responsible for ensuring said content complies with all university policies and standards. I understand any misuse of these access privileges or negligence on my behalf may result in the suspension or revocation of said privileges and/or disciplinary action by my department or the university.

I understand that I should immediately report any suspicious activity within such accounts to my direct supervisor and/or to the Social Media Marketing Team (socialmedia@utrgv.edu).

Full Name

Signature

Date

Department/Unit Head Full Name

Signature

Date