RebelCard Reader Sign-Out Form

Organization Name: ___________________________________________________________

UNLV Account Number: _______________________________________________________

Organization member signing out the reader: ____________________________________________

Phone Number: __________________________ Email: ________________________________

Number of readers required for your event: _____________________________________________

Date and time you will be using the reader: ___________________________________________

When do you need to pick-up your readers: ___________________________________________

By signing below you agree to take full responsibility for the reader from the time you receive it until you return it. All readers must be returned on the business day following your event. If the reader is lost or damaged, you will be held financially responsible until your organization replaces the reader at the current rate. (As of July 1, 2010 - $1700).

Your signature also indicates your understanding that the data you collect is governed by the Family Educational Rights and Privacy Act (FERPA). In compliance with the Act, data may be used for educational purposes only and will not be released to a 3rd party.

Name: ___________________________ Date: ___________________________

Signature: _______________________________________________________________________

**************************TO BE COMPLETED BY REBELCARD OFFICE**************************

Date form Received: ___________________________

Reader Numbers: ___________________________

Date & Time Picked up: ___________________________ Initial: ___________________________

Date & Time Returned: ___________________________ Initial: ___________________________

Reader Downloaded Date: ___________________________ Initial: ___________________________

Report Requested: ___________________________ Ticket Number: _____________________