

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: _____