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 reader: ________________________________

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 January 1st, 2018 - $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 download Date: __________________ Initial: ________________

Report requested: __________________ Ticket Number: ________________