

UNIVERSIDADE FEDERAL DO PARÁ

GABINETE DA REITORIA

SUPERINTENDÊNCIA DE ASSISTÊNCIA ESTUDANTIL - SAEST COORDENADORIA DE ACESSIBILIDADE – CoAcess

PROGRAMA DE APOIO ESPECIALIZADO E INDIVIDUAL – PAI/PCD

**ANEXO III – MODELO DE REQUERIMENTO DE DESLIGAMENTO DO PROGRAMA**

À Superintendência de Assistência Estudantil/SAEST/CoAcess/UFPA

Eu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, discente com deficiência \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Auditiva/Surdo, visual, física, intelectual, Transtorno do Espectro Autista, múltipla), matriculado no Curso de Graduação em \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, matrícula nº\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do Campus Universitário de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CPF nº\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, solicito o DESLIGAMENTO do Programa de serviço de Apoio Especializado e Individual para pessoa com deficiência – PAI/PcD, em razão dos fatos (em até 30 linhas) relatados a seguir: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Assinatura do Responsável (em caso de TEA ou DI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data: \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

PARECER DO COORDENADOR TÉCNICO ESPECIALIZADO:

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Assinatura do Técnico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_