**MINISTÉRIO DA EDUCAÇÃO**

**UNIVERSIDADE FEDERAL DO PIAUÍ**

**PRÓ-REITORIA DE ASSUNTOS ESTUDANTIS E COMUNITÁRIOS**

**COORDENADORIA DE ASSISTÊNCIA COMUNITÁRIA**

**NÚCLEO DE ACESSIBILIDADE DA UFPI**

Campus Universitário Ministro Petrônio Portela, Bairro Ininga, Teresina, Piauí, Brasil;

CEP 64049-550, SG – 14; Telefones: (86) 3215 5642/3215 5645;

**ANEXO XIII**

**JUSTIFICATIVA DA SOLICITAÇÃO DOS RECURSOS DE**

**TECNOLOGIA ASSISTIVA**

*(Justifique seu pedido a próprio punho, incluindo todas as informações que julgar necessárias para a análise da sua situação).*

 **( ) GRAVADOR DE VOZ ( ) KIT LUPAS**

*(Caso queira concorrer aos dois equipamentos marcar os dois itens e justificar a necessidade, mas deve indicar a 1ª e 2ª opção de sua prioridade).*

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 (Local e data)

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Assinatura do/a Candidato/a**MINISTÉRIO DA EDUCAÇÃO**