**REQUERIMENTO DE CONCESSÃO**

**AUXÍLIO ATENÇÃO À SAÚDE**

1. **DADOS DO ALUNO:**

Nome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CPF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data de Nascimento: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_\_ Telefone contato: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Curso: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Técnico ( ) Superior ( )

Número de Matrícula: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **EXPOSIÇÃO DE MOTIVOS DA SOLICITAÇÃO**

Venho, conforme **Resolução 031/2019 CONSUP/IFAP** de 22/03/2019, requerer junto ao Departamento de Assistência Estudantil (DAES) a concessão do Auxílio Atenção à Saúde, pelos motivos abaixo descritos:

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1. **DOCUMENTOS ANEXADOS AO PEDIDO:**
2. ( ) Laudo emitido por profissional especializado com validade de seis meses;
3. ( ) Guia de encaminhamento para consulta especializada;
4. ( ) Guia de solicitação de exame diagnóstico;
5. ( ) Receita médica;
6. ( ) Três cotações orçamentárias de fornecedores distintos (se houver);
7. ( ) RG/CPF
8. ( ) Outros:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_ de \_\_\_\_\_\_\_\_\_ de 2021.

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Assinatura do Solicitante