

**MINISTÉRIO DA EDUCAÇÃO**

**UNIVERSIDADE FEDERAL DE PELOTAS**

**REQUERIMENTO DE RESERVA DE VAGA PARA PESSOAS COM DEFICIÊNCIA**

**EDITAL N° \_\_\_\_\_\_\_/20\_\_\_\_\_**

Eu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CPF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, candidato ao cargo de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, área (se houver) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, venho requerer:

**a reserva de vaga para pessoa com deficiência, prevista na Lei n° 8.112/90, e pelo Decreto n° 3.298/99.**

Descrição da detalhada da deficiência, bem como seu enquadramento no CID (Código Internacional de Doenças):

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***Declaro estar ciente de que as informações aqui prestadas são de minha inteira responsabilidade.***

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

 Assinatura do Candidato ou Responsável