**Universidade Estadual de Maringá**

**Centro de Ciências da Saúde**

**Departamento de Educação Física**

### AUTORIZAÇÃO

Autorizamos a retirar os seguintes materiais abaixo relacionados, assumindo total responsabilidade pelos mesmos, comprometendo-me a entregá-los em perfeito estado, no dia

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Assinatura do(a) Acadêmico(a)

Avenida Colombo, nº. 5.790 – Bloco M-06 – Sala 002 – Campus Universitário – CEP 87.020-900 – Maringá – PR

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Assinatura do(a) Professor(a)

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