**Srª PRESIDENTE DO CONSELHO REGIONAL DE SERVIÇO SOCIAL 16ª REGIÃO/ CRESS/AL**

**Nome civil completo**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **Nome Social** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **CPF Nº\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, residente à\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, N**º\_\_\_\_\_\_\_, **Complemento \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Bairro** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **Município: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, UF: \_\_\_\_\_\_\_\_\_\_\_\_, CEP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, telefone (\_\_\_)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, vem requerer **APOSTILAMENTO DO DIPLOMA,** de acordo com as normas legais e regulamentares em vigor.

 Nestes Termos,

 Pede Deferimento.

 Maceió - AL, em \_\_\_\_\_\_/\_\_\_\_\_\_/202\_

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 Assinatura do(a) Assistente Social

 CRESS/16ª Região N° \_\_\_\_\_\_\_\_\_\_

**CHECK LIST**

 Requerimento preenchido

 Carteira de Identidade Profissional (Exceto para Assistentes Sociais que possuem DIP)

 Cópia do diploma (autenticada/frente e verso)