**Attachment No.3.**

**Statement for receiving adapted learning material**

Please, fill in this statement and send it via e-mail or hand in personally to the faculty disability coordinator during registration. This statement is valid till its withdrawal.

I, the undersigned ……………………………………………….(name) …………………….(NEPTUN code) take cognizance that the Disability Center can provide my name and IIG identification number to the University Library in order to access adapted learning material. My IIG identification number: ………………………….

I agree I do not agree

(underline the suitable one)

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the student[[1]](#footnote-1)

1. \* In t he case of a student with visual impairment, please provide the signatures, names and addresses of two witnesses. [↑](#footnote-ref-1)