



REQUEST FOR INFORMATION/RECORD

Date: FEB. 24, 2022

Name of Requestor: LYDIA L. ROBEL et. al

Address: VSU- ALANGALANG

Contact Number: 09213218187

E-mail address: lydia.robel@vsu.edu.ph

Proof of Identity: VALID ID / SCHOOL ID

ID No.: VA 00063

Requested Information:

TPE CERTIFICATION

No. of copies: 21 copies

Reason & intended use of requested information/document

For NBC 8th cycle

LYDIA L. ROBEL
Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0607880 Date: 2/18/2022 Amount: \$550.00

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:
