



REQUEST FOR INFORMATION/RECORD

Date: 2/7/22

Name of Requestor: MA. GWENETH M. ABIT

Address: VSN CAMPUS, BAYBAY CITY, LEYTE

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Proof of Identity: UMID CARD

ID No.: CRN-021-1819-7783-1

Requested Information:

Service Record

No. of copies: 2

Reason & intended use of requested information/document

HBC Evaluation


Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. _____ Date: _____ Amount: _____

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: