

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

		Date: Jan 21, 222
Name of Requestor:	Maria Elsa M. Umpad Rinal Ext., ormo city	
Contact Number:	09954713935	E-mail address: elsq. u mada um. ed
Proof of Identity:	VSN 10	ID No.: 100522
Requested Information	ren Jahz-Der 2020	
No. of copies:		
Reason & intended use	e of requested information/docume	nt
to CSC trus for paration		
Signature of Requesto	r/Representative	
Action on the reques	t:	
Approved:		
	RYSAN C. GUINOCOI Director, ODAS and FOI Decisi	
Evidence of payment:	OR No Date: _	Amount:
Disapproved:		
	RYSAN C. GUINOCOI Director, ODAS and FOI Decisi	
Remarks/reason for dis	sapproval:	