



REQUEST FOR INFORMATION/RECORD

Date: MAR 29 2022

Name of Requestor: SHEILA MARIE C. LEMOS

Address: VSU - OVPSAS

Contact Number: 0917 3288769

E-mail address: skemos@vsu.edu.ph

Proof of Identity: VSM ID

ID No.: Voro 629

Requested Information:

copy of appointment as
Administrative Aide VI

No. of copies: 1

Reason & intended use of requested information/document

supporting documents for accreditation


SHEILA MARIE C. LEMOS

Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

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

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:

