

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

	Date: July 11, 2022
Name of Requestor: Lindy Jane L	Ando
Address: hran Mas-in.	Omoc (its)
00 1101502 /	E-mail address: lindy ja me. and @ von. edu. ph
Proof of Identity: VSV ID	ID No.: <u>Vo 11 0 9</u>
Requested Information: ### CATE OF EM	a ploymant
No. of copies:	
Reason & intended use of requested info	mation/document neer Accreditation Exam
Name & Signature of Requestor/Represe	entative
Action on the request:	
Approved:	
	N C. GUINOCOR S and FOI Decision Maker
Evidence of payment: OR No	8 40 Date: 10/ Δ Amount: 10/
Disapproved:	
	N C. GUINOCOR S and FOI Decision Maker
Remarks/reason for disapproval:	
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