



REQUEST FOR INFORMATION/RECORD

Date: 2/4/22

Name of Requestor: BERT PEÑALOSA

Address: CAPIDAD, BAYBAY CITY, LEYTE

Contact Number: 09200481984

E-mail address: bert.penalosa@vsu.edu.ph

Proof of Identity: UMID ID

ID No.: UPN-021-1746-9854-1

Requested Information:

No. of copies: 1

Reason & intended use of requested information/document

SERVICE RECORD FOR NBC


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:

