

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

		Date: 03 22 27
Name of Requestor: Address: Contact Number: Proof of Identity: Requested Information	Myrna Rissa C. Almonite Brgy. Patag Baybay City 09095032256 /1030 PRC ID	E-mail address: myma.almont@ vsu .edu .ph
	tificate of Employment	
No. of copies: 4		
	se of requested information/docume Ranking in DEPED (requi	nt Hmmk)
MYKNA RASA Name & Signature of I	Requestor/Representative	
Action on the reques	st:	
Approved:		
	RYSAN C. GUINOCOI Director, ODAS and FOI Decisi	
Evidence of payment:	OR No. 0610474 Date:	3 27 22 Amount: 401
Disapproved:		
	RYSAN C. GUINOCOL Director, ODAS and FOI Decisi	
Remarks/reason for di	isapproval:	
*		