

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

				Date: 02/04/2022
Name of Requestor: Address:	BMAN B	BIMPIM CIT		7
Contact Number:	0950 414			ress:
Proof of Identity:		_	ID	No.:
Requested Information	on:	DELOVO		
	C test h'c	PECORD	I wo M Y a	(PAPT TIME)
				6/11/10
No. of copies: 2 0	OPIES BACH			
Reason & intended use of requested information/document				
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Signature of Request	or/Representative	e		
Action on the reque	st:			
Approved:				
RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker				
Evidence of payment	:: OR No	Date: _		Amount:
Disapproved:				
		SAN C. GUINOCOI DAS and FOI Decisi		
Remarks/reason for disapproval:				