

## OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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## REQUEST FOR INFORMATION/RECORD

Name of D	Date: Tobyua	~ 22 2
Name of Requestor:	ROSE P. CAPULLA	17 22, 2
Address:	Guadalupe Baybay City Leute	
Contact Number:	0934927429( E-mail address:	
Proof of Identity:	10. ID No.: V00039	11
Requested Informati	ion:	
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No. of copies:		Weeterstand of the Control of the Co
Reason & intended u	use of requested information/document	
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ROSE P. CA	ul	
Signature of Request	tor/Representative	
	omtopresentative	
Action on the reques	st:	
Approved:		
Approved:		
Approved:	RYSAN C. GUINOCOR Director, ODAS and FOL Decision Males	
	Director, ODAS and FOI Decision Maker	
		7
Evidence of payment:	Director, ODAS and FOI Decision Maker	7
	Director, ODAS and FOI Decision Maker	7
Evidence of payment:	OR No. 0608049 Date: 2/22/22 Amount: 25	7
Evidence of payment:	Director, ODAS and FOI Decision Maker	·/
Evidence of payment:	OR No. 0608049 Date: 2/22/22 Amount: 25  RYSAN C. GUINOCOR  Director, ODAS and FOI Decision Maker	·/