



REQUEST FOR INFORMATION/RECORD

Date: March 25, 2022

Name of Requestor: GERALDINE T. BARR

Address: Rm 3001, 1H VSU Lower Campus

Contact Number: 09619601825 / 1056

E-mail address: geraldine.barr@vsu.edu.ph

Proof of Identity: VSU ID

ID No.: V000837

Requested Information:

Service Record (Employment)

No. of copies: 2

Reason & intended use of requested information/document

Attachment for Housing application

GERALDINE T. BARR

Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0610846 Date: 3/25/22 Amount: 20-

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: