

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

Date: March 25, 2022
Name of Requestor: GERALDINE T. BARS
Address: Rn 3001, 14 USU Lower Campus
Contact Number: 09619601825/1056 E-mail address: gevalding. barse usu. eliph Proof of Identity: VSU 1D ID No.: V000837
Proof of Identity: VSU 1D ID No.: V000837
Requested Information: (Enployment)
No. of copies: 2
Reason & intended use of requested information/document Affachment for Horrsing application
SERALDING T. BARO Name & Signature of Requestor/Representative
Action on the request:
Approved:
RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker
Evidence of payment: OR No. 06 0846 Date: 3 25 22 Amount: 20-
Disapproved:
RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker
Remarks/reason for disapproval: