

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

	Date:Feb. 17, 2022
Name of Requestor:	ALLEN GLENNIE P. LAMBERT
Address:	DUPLEX FI, NOU BAYBAY COTY
Contact Number:	09190755570 E-mail address: allenglennie.lambertalusu.edu.pl
Proof of Identity:	Drivers License ID No.: HO3-96-026476
Requested Information	
	The for the period Stang 2013 - Julie 2010
No. of copies: 1	
	se of requested information/document
for N	IBC purposes
months of	
Augustophie Carry	Requestor/Representative
Action on the reque	St:
Approved:	
	DVANIA AUDIOAAN
	RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker
Evidence of payment	OR No. 060 7798 Date: 2/17/22 Amount: 25/
Disapproved:	
	DVSAN C. CUINCOCD
	RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker
Remarks/reason for d	lisapproval: