

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

Date:
Name of Requestor: Address: Contact Number: Proof of Identity: Requested Information: Divided Fernandizing E-mail address: 941 Alo. Annual Contact Number: ID No.: 4000000
TPES AT MBC EVALUATION
No. of copies:
Reason & intended use of requested information/document
Name & Signature of Requestor/Representative
Action on the request:
Approved:
RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker
Evidence of payment: OR No. 04 4016 Date: 611/22 Amount: 25/
Disapproved:
RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker
Remarks/reason for disapproval: