



REQUEST FOR INFORMATION/RECORD

Date: Feb. 18, 2022

Name of Requestor: April Gayle V. Calunangan

Address: Zone 2, Brgy. Guadalupe, Baybay City

Contact Number: 09175339495

E-mail address: aprilgayle.calunangan@vsu.edu.ph

Proof of Identity: vsu ID

ID No.: V01084

Requested Information:

TPES certification from SY 2018-2019

No. of copies: 1 copy

Reason & intended use of requested information/document

QCE for NBC 401 - 8th cycle

APRIL GAYLE V. CALUNANGAN

Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0607831 Date: 2/18/22 Amount: 251

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: