



REQUEST FOR INFORMATION/RECORD

Date: 2/17/2022

Name of Requestor: SYRENE P. NAMRE

Address: COEON, BAMBAY, LEYTE

Contact Number: 09554932026

E-mail address: syrene.namre@vsu.edu.ph

Proof of Identity: UNIVERSITY ID

ID No.: V010501

Requested Information:

TPES RESULT

No. of copies: 1

Reason & intended use of requested information/document

FOR NBC 8th CYCLE

SYRENE P. NAMRE
Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0607755 Date: 17-Feb-22 Amount: 25.00

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:

