



**REQUEST FOR INFORMATION/RECORD**

Date: June 28, 2022

Name of Requestor: TEODULO B. PULMINAR et. al.  
Address: CAGNOCOT, VILLABA, LEYTE  
Contact Number: 0950 7799865 E-mail address: teodulo.pulminar@vsu.edu.ph  
Proof of Identity: PRC - ID ID No.: 1454389  
Requested Information: Certification of TPES of faculty

No. of copies: 2

Reason & intended use of requested information/document  
for QCE used

TEODULO B. PULMINAR  
Name & Signature of Requestor/Representative

**Action on the request:**

Approved:

RYSAN C. GUINOCOR  
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0614993 Date: 6/28/22 Amount: 75.

Disapproved:

RYSAN C. GUINOCOR  
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: