



REQUEST FOR INFORMATION/RECORD

Date: May 19, 2022

Name of Requestor: Dahlia R. Arpaugh

Address: Guadalupe, Baybay City

Contact Number: 0945 55 95 403

E-mail address: dahlia.arpaugh@vsu.edu.ph

Proof of Identity: VSU ID

ID No.: V000842

Requested Information:

Birth Certificate
Marriage Certificate

No. of copies: 2 each

Reason & intended use of requested information/document

legal use for inheritance

Mary Grace Arpaugh
Dahlia R. Arpaugh
Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. _____ Date: _____ Amount: _____

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:

