

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

Name of Requestor: Apr. 39, WSU, Visca Contact Number: Proof of Identity: Requested Information: Service reword No. of copies: Apr. 39, WSU, Visca Date: Apr. 39, WSU, Visca E-mail address: Moisel Veil V. Serino E-mail address: Moisel Veil V. Serino Date: Apr. 39, WSU, Visca Done in the image of the i	
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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:	