



REQUEST FOR INFORMATION/RECORD

Date: 2/8/22

Name of Requestor: Moises Neil V. Serino

Address: Apt. 39, VSU, Visca

Contact Number: 09363706515

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Proof of Identity: VSU ID

ID No.: V000977

Requested Information: service record

No. of copies: 2 copies

Reason & intended use of requested information/document

for NBC cycle 8

[Signature]
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:

