

## OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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## REQUEST FOR INFORMATION/RECORD

			Dat	e:
Name of Requestor:	MAREJEN A. VILLA	AREMO / RON	IEL B. ARMEC	N
Address:	BRCY. PANGASUCAN, B	AYBAY CITY / VI	sca, vsu, bayb	AY CTY marejen.villaremo@vs
Contact Number:	1040 TO 40 T	FARMI	E-mail addres	ss: <u>rbanedin@vav.edu</u> .p
Proof of Identity:	VSU ID		ID N	o.: VO1106 / VOOCO47
Requested Information	on: Formation on Cum	many of TPES		
No. of copies: 4 eqc	<u>n</u>			
Reason & intended u	se of requested info			
MAREJEN ALVIDARE		and the second s		
Name & Signature of	Requestor/Represe	entative		
Action on the reque	st:	7 *		
Approved:	2			
		N C. GUINOCO S and FOI Decis		
Evidence of payment	:: OR No	Date: _		Amount:
Disapproved:				
		N C. GUINOCO S and FOI Decis		
Remarks/reason for	disapproval:			