

OFFICE OF THE HEAD OF **RECORDS AND ARCHIVES**

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REQUEST FOR INFORMATION/RECORD

		Date: Fcb 14, 2022
Name of Requestor:	Robelyn T. Piamonte	1
Address:	Cogon, Baybay City, Leyte	
Contact Number:	091715246999	E-mail address: rtpiamonfe (vsu. edu. ph
Proof of Identity:	VSU ID	ID No.: 100 404
Requested Information	on: Service Record	
No. of copies:		
	se of requested information/docume NBC 4લા કુમ જુલે	ent
Name & Signature of	PLAMONTE Requestor/Representative	
Action on the reque		
Approved:		
	RYSAN C. GUINOCO Director, ODAS and FOI Decis	18
Evidence of payment	: OR No Date:	Amount:
Disapproved:		
	RYSAN C. GUINOCO Director, ODAS and FOI Decis	
Remarks/reason for o	disapproval:	