



REQUEST FOR INFORMATION/RECORD

Date: Feb 14, 2022

Name of Requestor: Robelyn T. Piamonte

Address: Cogon, Baybay City, Leyte

Contact Number: 09171546999

E-mail address: rpiamonte@vsu.edu.ph

Proof of Identity: VSU ID

ID No.: V00404

Requested Information:

Service Record

No. of copies: 2

Reason & intended use of requested information/document

for NBC 461 8th cycle

ROBELYN T. PIAMONTE

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: