

RECORDS AND ARCHIVES OFFICE

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REQUEST FOR INFORMATION/RECORD

			Date: May 22	2023
Name of Requestor:	Ruth O. Er	carinar	0	
Address:		D. Bayby City, Leyle		
Contact Number:	0997 849 482		address: Auth.u	contra e sanch
Proof of Identity:	VSU ID		ID No.: Voo 19	
Requested Informatio	n: fervice ple	ord		
No. of copies:				
Reason & intended us	se of requested info	rmation/document	t application	6515
PUTH O. E		manative.		
Name & Signature of	Requestor/Represe	ntative		
Action on the reque	st:			
Approved:	9			
		N C. GUINOCOR S and FOI Decision Make	r	
Evidence of payment	: OR No	Date:	Amount:	»:
Disapproved:				
		N C. GUINOCOR S and FOI Decision Make	r [,]	4 1
Remarks/reason for d	lisapproval:			
				a