

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

			Date	: 06/21/22	-1
Name of Requestor:	PRECIOUS DOM	MINGO			
Address:	DLABS - VSU				
Contact Number:	09546531821		E-mail address	s: precious domingu	@ ww.edu.ph
Proof of Identity:	(101101) Wu-	ID		: VOHOL	
Requested Information	on: DIPLOMA and TOR	ξ			_
No. of copies: 2					_
Reason & intended u	•		ent 		_
PRECIOUS DOM. Name & Signature of		antative			
		ritative			
Action on the reque	st:				
Approved:					
		N C. GUINOCC and FOI Decis			
Evidence of payment	: OR No	Date:	/	Amount:	_
Disapproved:					
		N C. GUINOCO S and FOI Decis			
Remarks/reason for o	disapproval:				
	и				
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