



**REQUEST FOR INFORMATION/RECORD**

Date: 06/21/22

Name of Requestor: PRECIOUS DOMINGO

Address: DLABS - VSU

Contact Number: 09566531821

E-mail address: precious.domingo@vsu.edu.ph

Proof of Identity: (V01101) VSU-ID

ID No.: V01101


Requested Information:

DIPLOMA and TOR

No. of copies: 2

Reason & intended use of requested information/document

permanency

  
PRECIOUS DOMINGO

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: