



REQUEST FOR INFORMATION/RECORD

Date: Feb. 17, 2022

Name of Requestor: AGNES M. TAVEROS

Address: CVM, VSU

Contact Number: 09061919698

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Proof of Identity: UMID ID

ID No.: 006-0118-6743-0

Requested Information:

Summary TPES Rating for the period July 2016-June 2019.

No. of copies: 1

Reason & intended use of requested information/document

NBC 461 Cycle 8 - QCE


Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 060 7744 Date: 2/17/22 Amount: 10/-

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: