



REQUEST FOR INFORMATION/RECORD

Date: 31-March 2022

Name of Requestor: ELIZA D. ESPINOSA et. al.

Address: ITEEM-VSU

Contact Number: 563-7497

E-mail address: arturo.bastasa@gmail.com

Proof of Identity: VSN ID

ID No.: V000600

Requested Information:

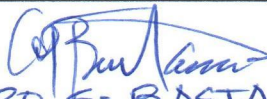
① IPCR-ACCOMPLISHMENT JULY-DEC-2020

② APPOINTMENT OF DR. ELIZA D. ESPINOSA AS ASSOC. PROF I

No. of copies: 1

Reason & intended use of requested information/document

INSTITUTIONAL ACCREDITATION


ARTURO S. BASTASA

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:

