



REQUEST FOR INFORMATION/RECORD

Date: 02/14/2021

Name of Requestor: MAY C. PASCUAL

Address: BRGY. GUADALUPE, BAYBAY CITY

Contact Number: 09228096874

E-mail address: may.pascual@vsu.edu.ph

Proof of Identity: VSU ID

ID No.: V01167

Requested Information:

APP Excerpt related to evaluation upon
entry to VSU

No. of copies: 1

Reason & intended use of requested information/document

for NBC 461 cycle 8 evaluation

May C. Pascual

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: