



**REQUEST FOR INFORMATION/RECORD**

Date: 2/15/22

Name of Requestor: BABYLYN LAMBERT & ALLEN GLONNIE LAMBERT

Address: Duplex F1, VSU, Baybay City

Contact Number: 09190755570

E-mail address: allengloinnie.lambert@vsu.edu.ph

Proof of Identity: VSU ID

ID No.: V000734

Requested Information:

Service Records

No. of copies: 1 copy each

Reason & intended use of requested information/document

NBC 461 evaluation

Submitted  
BABYLYN LAMBERT & ALLEN GLONNIE P. LAMBERT  
Name & Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0607540 Date: 2/15/22 Amount: 201

Disapproved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: