



REQUEST FOR INFORMATION/RECORD

Date: 6/21/22

Name of Requestor: Graciana M. Espinosa

Address: 0ARX

Contact Number: 09264410229

E-mail address: graciana.espinosa

Proof of Identity: VSN ID

ID No.: V000202

Requested Information: Service Record w/ LA WOP, ^{2 cpy.} Certificate of Non-Pendency - 1

No. of copies: 3

Reason & intended use of requested information/document
for retirement purposes

Graciana M. Espinosa
Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0614461 Date: 6/21/22 Amount: 301

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: