

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

Date: 3-11-22	
Name of Requestor: ARTURO S- BASTASA d. Q.	
Address: VSU, ITEEM	
Contact Number: 1052 E-mail address: arturo bastasa@gmail.ca	DM.
Proof of Identity: YSU 1D ID No.: 00572	
Requested Information: SOFT COPY OF IPCR ACCOMPLISHMENT: 2017 (Jan-June) and (July-Dec.) 2018 (Jan-June) and (July-Dec.) and 2019 (JanJune)	*
No. of copies: 1 (one)	
Reason & intended use of requested information/document FOR THSTITUTIONAL 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:	