



**REQUEST FOR INFORMATION/RECORD**

Date: 3-11-22

Name of Requestor: ARTURO S. BASTASA d. d.

Address: VSU, ITEEM

Contact Number: 1052

E-mail address: arturobastasa@gmail.com

Proof of Identity: YSU ID

ID No.: 00572

Requested Information:

SOFT COPY OF IPCR ACCOMPLISHMENT: 2017 (Jan.-June)  
and (July-Dec.) 2018 (Jan.-June) and (July-Dec.) and  
2019 (Jan.-June)

No. of copies: 1 (one)

Reason & intended use of requested information/document

FOR 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: