



**REQUEST FOR INFORMATION/RECORD**

Name of Requestor: MANUEL M.E. CASANGCAPAN Date: 01 July 2022  
Address: DABE, VSU, Baybay City  
Contact Number: 0936 841 9211 E-mail address: mecasangcapan@vsu.edu.ph  
Proof of Identity: VSU ID ID No.: V000146  
Requested Information: TRES CERTIFICATION  
All Semesters  
2016 - 2019

No. of copies: 1

Reason & intended use of requested information/document  
NBC 401

MANUEL E. CASANGCAPAN  
Name & Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**  
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0615615 Date: 7/1/22 Amount: 251

Disapproved:

**RYSAN C. GUINOCOR**  
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: