

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

Date:
Name of Requestor: Eusehis K. Lina, Jr.
Address: Apt. 13, VSU, Viscon, May City, Leyle
Contact Nos.: 09293697060 E-mail address: enclos. line even. el
Proof of Identity presented: UMID ID No.: 006 - 00 95 - 787
Requested Information: Service record
Reason & intended use of requested information/document No. of copies 1 copy for NBC 8th Cylce evaluation
EUSENIO N. LINA JR. Signature of Requestor/Representative
Action on the request:
Approved:
RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker
Evidence of payment: OR No. 0607012 Date: 2/7/22 Amount: 10/
Disapproved:
RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker
Remarks/reason for disapproval: