



REQUEST FOR INFORMATION/RECORD

Date: June 13, 2022

Name of Requestor: CHINELLO M. CARDANO

Address: GUADALUPE, BAYBAY CITY

Contact Number: 09359797124

E-mail address: chinello.cardano@vsu.edu.ph

Proof of Identity: VSU ID

ID No.: VSU1207

Requested Information: Certificate of Employment

No. of copies: 3

Reason & intended use of requested information/document
for graduate study / visa Application / scholarship Requirement

CHINELLO M. CARDANO

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: