

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

			Date: June 10 2022
Name of Requestor: Address: Contact Number: Proof of Identity:	Angie k Poliquett USP, Hampising, Mibini CATS 1083 PRC 1D	Davao de ono 880	
Requested Information		ation/Special Cand TWG/Com	
No. of copies:			
Reason & intended u	use of requested information occurred in b	n/document	prb
	Magien		
	Phlacier Polando 1. O rac	ion	
Name & Signature of	f Requestor/Representative		
Action on the reque	est:		
Approved:			
	RYSAN C. G Director, ODAS and		
Evidence of paymen	it: OR No	Date:	Amount:
Disapproved:			
	RYSAN C. 6 Director, ODAS and		•
Remarks/reason for	disapproval:		