



**REQUEST FOR INFORMATION/RECORD**

Date: June 17, 2022

Name of Requestor: Cecille Marie O. Quinones

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Proof of Identity: VSU ID

ID No.: V00866

Requested Information:

Certificate Summary of TPES Rating for 1st and 2nd Sem of 2016-2017

No. of copies: 4

Reason & intended use of requested information/document

For NBC 461-8th cycle evaluation

  
CECILLE MARIE O. QUINONES

Name & Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0614765 Date: 6/20/22 Amount: 1001

Disapproved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: