



REQUEST FOR INFORMATION/RECORD

Date: Feb. 08, 2022

Name of Requestor: Bethlehem A. Ponce

Address: Sta. Rognie, Sagad DLABS, VSU

Contact Number: 09616630934

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Proof of Identity: VSU I.D.

ID No.: V000761

Requested Information:

Service record

No. of copies: 1 copy

Reason & intended use of requested information/document

For NBC - 461

BETHLEHEM A. PONCE
Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0607082 Date: 8 Feb. 2022 Amount: 10

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:

