



**REQUEST FOR INFORMATION/RECORD**

Date: July 6, 2022

Name of Requestor: Daisy P. Acoritay

Address: DLABS

Contact Number: 09955066503

E-mail address: -

Proof of Identity: VSU ID V00800

ID No.: V00800

Requested Information: CERTIFICATE OF EMPLOYMENT

No. of copies: 1

Reason & intended use of requested information/document

The document will be used as an attachment to a letter for the Dr. Edgardo Tulin in consideration for my daughter's enrollment for BSN. My daughter's name is ALEXA KEISHA P. ACORITAY

Name & Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0616708 Date: 7/6/22 Amount: 10/-

Disapproved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: