



**REQUEST FOR INFORMATION/RECORD**

Date: 2/8/2022

Name of Requestor: Marisel A. Leorna

Address: Apt. 29, Kilbourne St., VSh

Contact Number: 09066075898

E-mail address: marisel.leorna@vsu.edu.ph

Proof of Identity: Vsu ID

ID No.: V000041

Requested Information:

Service record

No. of copies: 1

Reason & intended use of requested information/document

NBC 4G1

  
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: