

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

		Date: 28 2022	
Name of Requestor:	Marisel A. Leorna		
Address:	Apt. 29, Kilbourne St. VS	b	
Contact Number:	09066075898	E-mail address: marisel.le	prnad usu. edg
Proof of Identity:	VW ID	ID No.: V000041	•
Requested Information			
sern ce	revord		
No. of copies: 1	-		
	se of requested information/docume		
NBC 461			
(M)			
Signature of Request	or/Representative		
Action on the reque	st:		
Approved:			
	RYSAN C. GUINOCO		
Evidence of payment	: OR No Date: _	Amount:	
Disapproved:			
	RYSAN C. GUINOCOI	R	
	Director, ODAS and FOI Decisi		
Remarks/reason for o	disapproval:		
-			_