



REQUEST FOR INFORMATION/RECORD

Date: 02-09-2022

Name of Requestor: GENESIS C. ALBARICO

Address: ZONE 23, BAYBAY CITY

Contact Number: 09977744884

E-mail address: genesis.albarico@vsu.edu

Proof of Identity: VSU ID

ID No.: V00954

Requested Information: SERVICE RECORD

No. of copies: 4

Reason & intended use of requested information/document
FOR NBC EVALUATION

Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0607109 Date: 2/9/22 Amount: 40/-

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: