



REQUEST FOR INFORMATION/RECORD

Date: 12/23/2021

Name of Requestor: KRIEZZLYNN KIEL MARDO

Address: GUADALUPE, BAYBAY

Contact Number: 09413401437

E-mail address: kriezzlynn.mardo@vsu.edu.ph

Proof of Identity: UMID

ID No.: 0111-9939170-0

Requested Information:

CERTIFICATE OF EMPLOYMENT

No. of copies: 2

Reason & intended use of requested information/document

For Continuing Studies

KRIEZZLYNN KIEL MARDO

Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0605805 Date: 12/23/21 Amount: 201

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: