



REQUEST FOR INFORMATION/RECORD

Date: 02 Feb. 2022

Name of Requestor: Acob, Joel Ray U. et al

Address: Ormoc City, Leyte

Contact Number: 092-916-1146

E-mail address: joel.acob@vsu.edu.ph

Proof of Identity: PAC ID Card

ID No.: 0611418

Requested Information: Service Record

No. of copies: 1

Reason & intended use of requested information/document
to be used as attachment for NBC file

[Signature]
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:

