



REQUEST FOR INFORMATION/RECORD

Date: May 5, 2022

Name of Requestor: Manolo B. Loreto

Address: ODS VSM

Contact Number: 09176341432

E-mail address: _____

Proof of Identity: VSM ID

ID No.: V000303

Requested Information: VSM
List of Regular Faculty & staff

No. of copies: soft copy

Reason & intended use of requested information/document
For supporting documents for insurance as rider

Manolo B. Loreto, Jr.
Name & 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: