



REQUEST FOR INFORMATION/RECORD

Name of Requestor: Castil, Jundy, R. Date: 02/08/22
Castil, Florence Adelyn, A.
Address: Apt. 1, Warners St., Baybay VSU, Baybay City, Leyte
Contact Number: 09129197540 E-mail address: jundy.castil@vsu.edu.ph
Proof of Identity: ID ID No.: 008994 0089917
Requested Information: Service Record

No. of copies: 1

Reason & intended use of requested information/document

for NBC #61 8th Cycle Evaluation

JUNDY R. CASTIL
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: