



REQUEST FOR INFORMATION/RECORD

Date: Aug 2, 2022

Name of Requestor: SARAH AUREORA W. TABADA

Address: Apt 5, VSU, Baybay City, Leyte

Contact Number: 09317285031

E-mail address: sarah.tabada@vsu.edu.ph

Proof of Identity: Driver's License

ID No.: H12-16-002895

Requested Information:

Service Record

No. of copies: 2

Reason & intended use of requested information/document

for employment purposes

SARAH AUREORA W. TABADA
Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0419020 Date: 8/2/22 Amount: 10/-

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: