



REQUEST FOR INFORMATION/RECORD

Date: JUNE 14, 2022

Name of Requestor: RAMIL L. LAURON

Address: BREX. ALTA VISTA ORMOCCITY

Contact Number: 0933 821 6822

E-mail address: ramil.lauron@deped.gov.ph

Proof of Identity: DEPED ORMOCC

ID No.: #00629

Requested Information:

CERTIFICATE OF NO PENDING CASE
SERVICE RECORD

No. of copies: 30

Reason & intended use of requested information/document

TERMINAL LEAVE FE

RAMIL L. LAURON
Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0614098 Date: 6/14/22 Amount: 10/-

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:

