

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

		Date: March 18,202	2
Name of Requestor:	Pauline S. Caintic		×
Address:	VICARP/ OVPREI		
Contact Number:	0926 2953624	E-mail address: powline country	e vsn. edn. ph
Proof of Identity:	VSU - V00172	ID No.:	
Requested Information:	List of regular facul	ty (Vsu-main)	
No. of copies: \(\left(e-c_1)\)	this)		•
Reason & intended use	of requested information/doo	cument	
Selection 1	of participants for the	Phi) dissortation study.	
PANLINE S. CAN Name & Signature of Re	in † (equestor/Representative		
Action on the request:			
Approved:			
	RYSAN C. GUINO Director, ODAS and FOI D		
Evidence of payment: Of	R No. 0610 249 Da	ate: 3-19-22 Amount: 0	
Disapproved:			
	RYSAN C. GUINO Director, ODAS and FOI D		
Remarks/reason for disa	approval:		*

Vision: Mission: