



REQUEST FOR INFORMATION/RECORD

Date: 2/17/2022

Name of Requestor: ROSARIO A. SALAS et al

Address: DOA, VSU Baybay City Leyte

Contact Number: 09088702033

E-mail address: rosario.salas@vsu.edu.ph

Proof of Identity: _____

ID No.: Y00463

Requested Information:

Teaching Performance Evaluation by student (TPES)
for the period June 2016 - June 2019

No. of copies: 1

Reason & intended use of requested information/document

MSC cycle 8

H/Sal
ROSARIO A. SALAS

Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 060 7730 Date: 2/17/22 Amount: 300/-

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:

