

## OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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## REQUEST FOR INFORMATION/RECORD

			Da	te: 2-2-2	2
Name of Requestor:	Joselle R.	Cayetano			
Address:	Institute of	Human Kirefice			
Contact Number:	0917673428	1	E-mail addre	ss: joselle cayer	lano@v8v.
Proof of Identity:	Photocopy of	- ID carck		lo.: Voosic!	
Requested Information	on: Parker Park	and a			
	serma pec	181 CAS			
No. of copies:2					
Reason & intended u			nt		
<i>NB</i>	c 461-8th Ce	ycle			
Signature of Request	tor/Representative				
Action on the reque	est:				
Approved:					
Approved.					
	RYSA	AN C. GUINOCOR	₹		
	Director, ODA	S and FOI Decision	on Maker		
Evidence of payment	:: OR No	Date:		Amount:	
Disapproved:					
		AN C. GUINOCOR			
	Director, ODA	S and FOI Decision	on Maker		
Remarks/reason for o	disapproval:				
				20	