



REQUEST FOR INFORMATION/RECORD

Date: July 26 2022

Name of Requestor: Zyra May H. Centino

Address: Visca, Baybay City, Leyte

Contact Number: 0922 208 2601

E-mail address: zyramay.centino@vsu.edu.ph

Proof of Identity: _____

ID No.: _____

Requested Information:

Study Leave / Scholarship Contract

No. of copies: 1

Reason & intended use of requested information/document

NBC Cycle 9

ZYRA MAY H. CENTINO
Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. _____ Date: _____ Amount: _____

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: