



REQUEST FOR INFORMATION/RECORD

Date: 4/22/22

Name of Requestor: Lucilyn Liong Tabrosa

Address: A. Bonifacio St., Baybay City

Contact Number: 69064421091

E-mail address: lucilyn.tabrosa@vsu.edu.ph

Proof of Identity: Unid Card

ID No.: 094-0069-0162-3384-4

Requested Information:

Copy of sub prof certificate

No. of copies: 1

Reason & intended use of requested information/document

for promotion

Lucilyn Liong Tabrosa
Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 06119153 Date: 22 April 2022 Amount: P.0

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: