

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

			Date: 18/	2022
Name of Requestor:	Robelyn T. Piamon	te et al.		
Address:	Cogon Baybay City	lente		
Contact Number:	0917 154 6999	E-mail a	ID No.: VEV D#	e veve
Proof of Identity:	VSU ID		ID No.: VSV 10#	V0040
Requested Informatio	n:	du T. Piana le	Co remedent - 3	10110-2010
	certificate for : Robe Marj	ohn C. Niño	2 semesters, 2018	- 2019
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No. of copies:	copy each			
Reason & intended u	se of requested information/	document		
-	for PBC 461 (iscle & each	aton	
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POBELHO T' P	IKMONTE			
Name & Signature of	Requestor/Representative			
Action on the reque	st:			
Approved:				
	RYSAN C. GU Director, ODAS and FO			
Evidence of payment	: OR No. 060 7859	Date: 2 18 2	Amount: 5)/
Disapproved:				
	DVOAN C. CI	UN 2025		
	RYSAN C. GU Director, ODAS and Fo		4	
Remarks/reason for o	disapproval:			
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