



REQUEST FOR INFORMATION/RECORD

Date: April 7, 2022

Name of Requestor: MARICAR B. POSAS

Address: MARCOS

Contact Number: 09155792609

E-mail address: maricar.posas@vsu.edu.ph

Proof of Identity: _____

ID No.: _____

Requested Information: certificate of Termination (CoT)

No. of copies: 1

Reason & intended use of requested information/document
BIR


MARICAR B. POSAS

Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0611638 Date: 4/7/22 Amount: 101

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: