

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

		Date: 3 Har rozz
Name of Requestor:	Lure G. Agio	
Address:	Department of Agumn	my
Contact Number:	0929192981 1613	E-mail address: No. asio @ Vsu. elu.
Proof of Identity:	NSN ID	ID No.: _ V 00 657
Requested Information	1: Certificate of Euroloy	ment from 1996 - 2004
	Carpitado es employ	3140 100 1990
No. of copies:		
Reason & intended us	e of requested information/doo	cument
	for NBC 461 8th a	1 de attachuent or supportie
	11 PDC 401 842 C	down
147.	MACID	
Name & Signature of	Requestor/Representative	
Action on the reques	st:	
Approved:		
	RYSAN C. GUING Director, ODAS and FOI D	
Evidence of payment:	OR No. 0608744 Da	ate: 3 2 22 Amount:
Disapproved:		
	RYSAN C. GUING Director, ODAS and FOI	
Remarks/reason for d	isapproval:	
Remarks/reason for d	Director, ODAS and FOI	

Vision: Mission: