

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

Date: 5/11/27
Name of Requestor: Mary Bernadtella J. Solhic
Address: Ven Conque Visca Baylon City ly F
Contact Number: 0909 20 80 234 E-mail address: vemice whice was
Proof of Identity: Van ID No.: Van 484
Requested Information:
No. of copies:
Reason & intended use of requested information/document NCLEX Jurpon
REMENIA 1. Borns
Name & Signature of Requestor/Representative
Action on the request:
Approved:
RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker
Evidence of payment: OR No. 06/2466 Date: 5/11/22 Amount: 275
Disapproved:
RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker
Remarks/reason for disapproval: