



**REQUEST FOR INFORMATION/RECORD**

Date: Jan. 12, 2022

Name of Requestor: ARIEL L. ARGA  
Address: BRGY. STD. ROSARIO BAMBAY CITY LEYTE  
Contact Number: 09050286991 E-mail address: ariel.arga@vsu.edu.ph  
Proof of Identity: SSS ID ID No.: 0622354972  
Requested Information: FOR APPLY CALAMITY LOAN PAG-1B16

No. of copies: 2

Reason & intended use of requested information/document

FOR APPLY CALAMITY LOAN PAG-1B16

  
Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**  
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0606210 Date: Jan 13/22 Amount: 10/-

Disapproved:

**RYSAN C. GUINOCOR**  
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: