

OFFICE OF THE HEAD OF **RECORDS AND ARCHIVES**

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REQUEST FOR INFORMATION/RECORD

Date:Feb. 17, 2022
Name of Requestor: Babylyn C. Lambert
Address: Duplex F1, USU, Baybay City
Contact Number: 6919063 5211 E-mail address: babylyn. lambert & vsu-edu pl
Proof of Identity: Driver's License ID No.: GOG - 04-004145
Requested Information: TPES for the period July 2013 - June 2016
No. of copies:
Reason & intended use of requested information/document for NBC purposes
BROYLEW C. LAMPSENT Name & Signature of Requestor/Representative
Action on the request:
Approved:
RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker
Evidence of payment: OR No. 0607798 Date: 2/17/22 Amount: 25/
Disapproved:
RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker
Remarks/reason for disapproval: