

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

| Date: 6/7/22 |
|---------------------------------------------------------------------------------------------|
| Name of Requestor: MEDANDO MAGDANAMO JA Address: NOT # 3 USY Inil build medardo megdadan |
| Contact Number: 092 - 9087432 E-mail address: 6 44 odn yh |
| Proof of Identity: VSy - ID No.: V 0/0 7 C |
| Poguested Information: |
| TPES - FIRST SEM, 2018-2019 |
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| No. of copies: |
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| Reason & intended use of requested information/document |
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| MEDANDE SMACDA MIN PM |
| Name & Signature of Requestor/Representative |
| Action on the request: |
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| Approved: |
| RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker |
| Evidence of payment: OR No. 06/3791 Date: 6/1/22 Amount: 25/ |
| Disapproved: |
| RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker |
| Remarks/reason for disapproval: |
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