



**REQUEST FOR INFORMATION/RECORD**

Date: 05-23-2022

Name of Requestor: NICEFORO L. SUYOM

Address: HIBUNAWAN BAYBAY CITY

Contact Number: 0948 246 6875

E-mail address: sharl.suyom@vsu.edu.ph

Proof of Identity: VSU ID

ID No.: VS1067

Requested Information:

Service Record, Copy of latest appointment/NASA,  
latest filed SALN, Certificate of No pending case

No. of copies: 1

Reason & intended use of requested information/document

for retirement

sharl.suyom  
NICEFORO L. SUYOM

Name & Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Disapproved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: