



REQUEST FOR INFORMATION/RECORD

Date: Feb. 2, 2021

Name of Requestor: REV RHODA L. AURE

Address: APT. 46 VSU

Contact Number: 565 0600 wc.

E-mail address: revrhoda.aure@vsu.edu.ph


Proof of Identity: _____

ID No.: 0005627

Requested Information: service record

No. of copies: 2

Reason & intended use of requested information/document
NBC


Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0606775 Date: 2 Feb. 2021 Amount: 10.

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:

