



REQUEST FOR INFORMATION/RECORD

Date: March 4, 2022

Name of Requestor: MARISCEL A. LEORNA

Address: NCRC-V, VSU

Contact Number: 09046075898

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Proof of Identity: VSU ID

ID No.: V0041

Requested Information:

Certification on the Summary of
TPES Rating

No. of copies: 1

Reason & intended use of requested information/document

NBC Evaluation

ANDRE D. SILVA
Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0608982 Date: 3/4/22 Amount: 251

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: