

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

		Date: March 4, 2022
Name of Requestor:	MARISEL A- LEORNA	
Address:	Nonc-V , VSU	
Contact Number:	09046075898	E-mail address: marisel. Iwrna a VSu. edu. ph
Proof of Identity:	VSU ID	ID No.: 10041
Requested Information		
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No. of copies:/	 Establish	
Reason & intended use	e of requested information/docume	nt
NB	ic Evaluation	
	M. a. a	
Signature of Requesto	r/Representative	
o.g. c.t. oquosto		
Action on the reques	t:	
Approved:		
	RYSAN C. GUINOCO Director, ODAS and FOI Decis	
Evidence of payment:	OR No. 0608 982 Date:	3 4 22 Amount: 251
Disapproved:		
	RYSAN C. GUINOCO	
	Director, ODAS and FOI Decis	ion Maker
Remarks/reason for di	sapproval:	