



REQUEST FOR INFORMATION/RECORD

Date: 11 Feb 2022

Name of Requestor: ART RUSSEL R. FLANDEZ
Address: 874-A, A. Mabini St. Baybay City
Contact Number: 09090121212 E-mail address: Art.Flandez@vsu.edu.ph
Proof of Identity: VSU ID ID No.: V000212

Requested Information:

Service Record

No. of copies: 1

Reason & intended use of requested information/document

NBC 461

ART RUSSEL FLANDEZ

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: