



REQUEST FOR INFORMATION/RECORD

Date: May 26, 2022

Name of Requestor: Jose Rose B. Capricorn

Address: DSS, VSU (Dept. of Soil Science)

Contact Number: 09183052301

E-mail address: _____

Proof of Identity: VSU ID

ID No.: V000149

Requested Information:

Service Record

No. of copies: 2

Reason & intended use of requested information/document

for Retirement purpose

JOSE ROSE B. CAPRICORN
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: