



**REQUEST FOR INFORMATION/RECORD**

Date: 06 JUN 22

Name of Requestor: ALEX O. BORECHA

Address: USU CAMPUS

Contact Number: 09451724478

E-mail address: alexeborecha@gmail.com

Proof of Identity: USU ID-00179

ID No.: \_\_\_\_\_

Requested Information:

CERTIFICATION OF EMPLOYMENT

No. of copies: ONE

Reason & intended use of requested information/document

FOR MY CHILD ADVANCE TO  
FILE# SENIOR EDUCATION AT USU  
work  
ALEX O. BORECHA

Name & Signature of Requestor/Representative

Action on the request:

Approved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0413685 Date: 6/6/22 Amount: 10 ✓

Disapproved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: