



REQUEST FOR INFORMATION/RECORD

Date: May 4, 2022

Name of Requestor: Danica Godinez

Address: Prof. Crundump Baybay City, Leyte

Contact Number: 0961-464-0307

E-mail address: dp.godinez@vsu.edu.ph

Proof of Identity: PhilHealth ID

ID No.: 13-625457689-5

Requested Information:

List of faculty members (esp. college teachers for SY 2021-2022 second semester)

No. of copies: 1

Reason & intended use of requested information/document

Masters thesis

DANICA P. GODINEZ

Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0612285 Date: 5/4/22 Amount: 10/-

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: