

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

G/F Administration Building Visca, Baybay City, Leyte, 6521-A PHILIPPINES Phone: (053) 565-0600/Local: 1065 Email: ohra@vsu.edu.ph Website: www.vsu.edu.ph

REQUEST FOR INFORMATION/RECORD

Date: $3/2b/2022$
Name of Requestor: MEDKIND had AVANN IN
Address: MPT # 3 VSu medardo maga Contact Number: 9970 9087432/107/ E-mail address: 9 vsu colu p
Proof of Identity: 15h 10 ID No.: VOIO74
Requested Information:
From prey. Employer
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No. of copies:
Reason & intended use of requested information/document
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Name & Signature of Requestor/Representative
Action on the request:
Action on the request.
Approved:
RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker
Evidence of payment: OR No. 0610577 Date: 321/22 Amount: 20/
Disapproved:
RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker
Remarks/reason for disapproval: