



**REQUEST FOR INFORMATION/RECORD**

Date: 3/23/2022

Name of Requestor: MEDARDO MAGADANO JR.

Address: APT #3 VSU

Contact Number: 0970-9087432/1076

E-mail address: medardo.magadano@vsu.edu.ph

Proof of Identity: VSU ID

ID No.: V01076

Requested Information:

CERT TRUE COPY, SERVICE RECORD  
FROM PREY. EMPLOYER

No. of copies: 2

Reason & intended use of requested information/document

FOR MRC

 MEDARDO MAGADANO JR.  
Name & Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0610577 Date: 3/23/22 Amount: 201

Disapproved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:

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