



REQUEST FOR INFORMATION/RECORD

Date: 02/07/22

Name of Requestor: Wences Ray B. Dela Peña

Address: Marcos, Baybay City, Leyte

Contact Number: 09096882172

E-mail address: wencesray.dela.pena@vsu.edu.ph

Proof of Identity: VSU ID

ID No.: V-01043

Requested Information: service record

No. of copies: 1

Reason & intended use of requested information/document
For NBC

[Signature]
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:

