

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

		Date: Ju	y 7, 2022
Name of Requestor:	Saw Sula and Compa	met al.	
	W4, Anhi		
Contact Number:	99088732037	E-mail address: YOC	ario.salas@usu.edn.p. 2-20-002117
Proof of Identity:	len license	ID No.: # 13	2-20-002117
Requested Information:	ice Record		
-			
No. of copies:			
Reason & intended use of r	requested information/docume	ent	
mc/prom	Hwn		
MSANO A-SAM FOR Name & Signature of Requ			
Action on the request:	/		
0.00			
Approved:			
	RYSAN C. GUINOCO Director, ODAS and FOI Decis		
Evidence of payment: OR I	No Date: _	Amour	nt:
Disapproved:			
Γ	RYSAN C. GUINOCO Director, ODAS and FOI Decis		
Remarks/reason for disapp	proval:		
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-			/ -