

OFFICE OF THE HEAD OF **RECORDS AND ARCHIVES**

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REQUEST FOR INFORMATION/RECORD

	Date: <u>64-06-22</u>	
Name of Requestor:	SOLIVER B. GWM ACD	
Address:	Brgy. Kabalasan Baybay City Lepte	
Contact Number:	0936 841 3196 1047 E-mail address: solivergumand oc @gmail	con
Proof of Identity:	VSU I.D. ID No.: V01234	
Requested Informatio		
	Scrvice Record	
No. of copies:		
Reason & intended us	se of requested information/document	
Regim	ement for honsing application	
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SOLIVED B	GUMAND	
Name & Signature of	Requestor/Representative	
Action on the reque	st:	
Approved:		
Approved:		
	RYSAN C. GUINOCOR	
	Director, ODAS and FOI Decision Maker	
Evidence of payment	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	₽ 30-	
Disapproved:		
	RYSAN C. GUINOCOR	
	Director, ODAS and FOI Decision Maker	
Remarks/reason for o	disapproval:	
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