



REQUEST FOR INFORMATION/RECORD

Date: 6/7/2022

Name of Requestor: JONAH FLOR O. MAAGHOP

Address: BAYBAY CITY (DCST)

Contact Number: 09778024569

E-mail address: jonahflor.orano@vsu.edu.ph

Proof of Identity: EMPLOYEE ID

ID No.: V000707

Requested Information:

certification for reprinting of UMID card

No. of copies: 1

Reason & intended use of requested information/document

JONAH FLOR O. MAAGHOP
Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0613762 Date: 6/7/22 Amount: 10/-

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: