



**REQUEST FOR INFORMATION/RECORD**

Date: JUNE 23, 2022

Name of Requestor: JULIOUS B. CERNA

Address: DFST, VSU, BAYBAY CITY, LEYTE

Contact Number: 09066531844

E-mail address: julious.cerna@vsu.edu.ph

Proof of Identity: GSIS UMID CARD

ID No.: CRN-021-1325-7225-6

Requested Information:

CERTIFICATION of the Teaching Performance Evaluation by Students for 2nd Semester 2017-2018,  
1st Semester 2018-2019, 2nd Semester 2018-2019 and 1st Semester 2019-2020

No. of copies: 1

Reason & intended use of requested information/document

Supporting document for QCE (NBC 461, 8th Cycle)

  
JULIOUS B. CERNA

Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**  
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0614799 Date: 6/24/22 Amount: 101

Disapproved:

**RYSAN C. GUINOCOR**  
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: