

## OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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## REQUEST FOR INFORMATION/RECORD

			Da	ite: Jan. 1912022
Name of Requestor:	OLFREDO G. DING	al		
Address:	Brgy. Santa Cruz,	The second secon	cyte 6521	
Contact Number:	0917 673 5807		E-mail addre	ess: dingalalfredog@gmail.com
Proof of Identity:	Sensor Citizen's ID 2	070-070 88		No.: HO3-96-024150
Requested Informatio		service rec	ord	
appointme nt				
JALN				
No. of copies: +4	Execution desired desi			
Reason & intended us	se of requested infor	mation/docum	ent	
university o	learance for retireme	ent		
				MANAGEM GF-00 to the state of t
				Make his name and appropriate and control of the state of
Signature of Request	or/Representative			
Action on the reque	st:			
Approved:				
	Director, ODAS	N C. GUINOCO and FOI Deci		
Evidence of payment	: OR No. 0606	440 Date:	gan 20/22	_Amount:40/
Disapproved:				
	RYSAI Director, ODAS	N C. GUINOCO and FOI Deci		
Remarks/reason for o	disapproval:			