



REQUEST FOR INFORMATION/RECORD

Date: 2/9/22

Name of Requestor: Rose Pascual-Capulla

Address: Guadalupe, Baybay, Leyte

Contact Number: 0936 9274295

E-mail address: rose.capulla@vsu.edu.ph

Proof of Identity: ID

ID No.: V000391

Requested Information: Service Record

No. of copies: 1

Reason & intended use of requested information/document
NBC cycle 8

Rose P. Capulla
ROSE P. CAPULLA
Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0607199 Date: 2/9/22 Amount: 10/-

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: