



REQUEST FOR INFORMATION/RECORD

Date: 3/17/2022

Name of Requestor: SUZETTE B. LINA

Address: DSS

Contact Number: 09199613922

E-mail address: sbolina@vsu.edu.ph

Proof of Identity: VSU ID

ID No.: V00295

Requested Information: Certification from Institution as a Proof
of Service until present stipulating the duties & responsibilities.

No. of copies: 1

Reason & intended use of requested information/document

PRC Renewal (one of the requirements in self-directed
learning especially during covid-19 pandemic

SUZETTE B. LINA

Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. _____ Date: _____ Amount: _____

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:

