



**REQUEST FOR INFORMATION/RECORD**

Name of Requestor: LEO A. RAMOS, SHIRLEY ORTIZ C. SUCRO, CITRUS RESAPES Date: JANUARY 31, 2022  
Address: USUITS  
Contact Number: 093-563-7127 E-mail address: leo.mamola@vsu.edu.ph  
Proof of Identity: \_\_\_\_\_ ID No.: V00503  
Requested Information: Service Record 2 COE

No. of copies: 1 copy each

Reason & intended use of requested information/document

for promotion purposes

LEO A. RAMOS  
Signature of Requestor/Representative

**Action on the request:**

Approved:

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

Evidence of payment: OR No. 0606762 Date: 31-Jan-2022 Amount: P60.00

Disapproved:

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

Remarks/reason for disapproval:

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