

## OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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## REQUEST FOR INFORMATION/RECORD

			Date:	MARCH 17, 2022
Name of Requestor:	AGNES M. TAV	EROS		
Address:	CVM, VSU			
Contact Number: 09061919698			E-mail address:	ataveros@vsu.edu.ph
Proof of Identity: UMID			ID No.:	006-0118-6743-0
Requested Information:  Service Record				
	Service Record			
No. of copies:1	ar e construente			
Reason & intended use of requested information/document				
	USA Visa application			
Jugar				
Signature of Requestor/Representative				
Action on the reque	est:			
Approved:				
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RYSAN C. GUINOCOR				
Director, ODAS and FOI Decision Maker				
Evidence of payment	:: OR No	Date:	A	mount:
Disapproved:				
	RYS	AN C. GUINOCO	)R	
Director, ODAS and FOI Decision Maker				
Remarks/reason for disapproval:				