

## OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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## REQUEST FOR INFORMATION/RECORD

	Date: 7June 7022
Name of Requestor: Address:	VSU 1 Per Con
Contact Number:	0933 516 2964 E-mail address: 50 00000
Proof of Identity:	V9/10 ID No.: V101257
Requested Informatio	ETRIPICATE OF LOSALTY ANAMY
No. of copies:	copy
Reason & intended us	se of requested information/document
R Signature of	Pagus to the Pagus and the same
_	Requestor/Representative
Action on the reque	st:
Approved:	
	RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker
Evidence of payment	: OR No. 0613734 Date: 617/22 Amount: 10/
Disapproved:	
	RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker
Remarks/reason for d	lisapproval: