



**REQUEST FOR INFORMATION/RECORD**

Date: February 16, 2022

Name of Requestor: Shalom Grace C. Sugano

Address: Provy. Guadalupe, Baybay City

Contact Number: 0912 265-4495

Proof of Identity: PRC ID

E-mail address: shalomgrace.sugano@vsu.edu.ph

ID No.: 1084397

Requested Information:

Contract as a VSU Fellowship Scholarship Grantee

No. of copies: 1 copy

Reason & intended use of requested information/document

To be used as supporting document for NBC 461 Evaluation.

Shalom Grace C. Sugano

Name & Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 060 7717 Date: 2/17/22 Amount: 10/-

Disapproved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: