

## OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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## REQUEST FOR INFORMATION/RECORD

	Jo Jane D. Atole	Date: wor non	
Name of Requestor:	Ma Theresa P. tordo 2	•	
Address:	Visag, Baylan Offy, Cente		
Contact Number:	1	E-mail address:jojanc -ac	tok & vsu.edu.ph
Proof of Identity:	Passport 10	ID No.: P59307381	•
Requested Information	n:		
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Name & Signature of I	Requestor/Representative		
Action on the reques	st:		
Approved:			
	RYSAN C. GUINOC		
	Director, ODAS and FOI Dec	cision Maker	
Evidence of payment:	OR No Date	: Amount:	
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Disapproved:			
	RYSAN C. GUINOC	OR	
	Director, ODAS and FOI Dec		
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Remarks/reason for di	sapproval:		