

## OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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## REQUEST FOR INFORMATION/RECORD

Date: Mou 25, 2002	
Name of Requestor: <u>leftrey Lloyd L. Cagande</u> 304M. Lawron C. Poloación zonell  Caylogy City, Layre	
Contact Number: 09107225829 E-mail address: jeffrey/loud-cattor	nde@usv.edv.ph
Proof of Identity: Driver's License ID No.: 403-99-0334	
Requested Information:	
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No. of copies:1	
Reason & intended use of requested information/document	
for OCE	
	_
JEFFRET LUMB L. CAGANTE	
Name & Signature of Requestor/Representative	
Action on the request:	
Approved:	
RYSAN C. GUINOCOR  Director, ODAS and FOI Decision Maker	
Evidence of payment: OR No. 0413 52 Date: May 25, 2002 Amount: 25	_
Disapproved:	
DVCAN C CUINOCOD	
RYSAN C. GUINOCOR  Director, ODAS and FOI Decision Maker	
Remarks/reason for disapproval:	
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