



REQUEST FOR INFORMATION/RECORD

Date: Feb. 17, 2022

Name of Requestor: Mark C. Batilla

Address: Apt. 22, Kilbourne St., VSU

Contact Number: _____

E-mail address: mark.batilla@vsu.edu.ph

Proof of Identity: VSU ID

ID No.: V000838

Requested Information: Service Records

No. of copies: 1

Reason & intended use of requested information/document
NBC 4U

MARK C. BATILLA / TEODORA C. BATILLA
Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. _____ Date: _____ Amount: _____

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:

