



REQUEST FOR INFORMATION/RECORD

Date: Feb. 8, 2022

Name of Requestor: SKRENE P. NAYRE

Address: COGON, BAYBAY, LEYTE

Contact Number: 09554932026

E-mail address: skrene.nayre@vsu.edu.ph

Proof of Identity: EMPLOYEE ID

ID No.: VD1082

Requested Information:

COE & SERVICE RECORD

No. of copies: 1

Reason & intended use of requested information/document

NBC

SKRENE P. NAYRE
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: