

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

			Date: Feb. 8, 2022	
Name of Requestor:	STRENE P. NAYRE			
Address:	cocon, Bayeay, ve	INE .		
Contact Number:	09554932026	E-mail	l address: Sprene nayre@kan-	edu-
Proof of Identity:	Emphase 110		ID No.: V01082	
Requested Information	on: 2 Service Record			-
No of society 1				-
No. of copies:				
Reason & intended u	se of requested informatio	n/document		-
Signature of Request				-
Action on the reque	st:			
Approved:				
	RYSAN C. O		er	
Evidence of payment	:: OR No	Date:	Amount:	
Disapproved:				
	RYSAN C. (GUINOCOR		
	Director, ODAS and	FOI Decision Make	er	
Remarks/reason for o	disapproval:			