



REQUEST FOR INFORMATION/RECORD

Date: Feb 17, 2022

Name of Requestor: Karl John Galvez
Address: Apt 25, Kilbourne Drive, VSU
Contact Number: 09317285032
Proof of Identity: UMID

E-mail address: kjgalvez@vsu.edu.ph
ID No.: 021-3147-3146-2

Requested Information:
1. Transcript of Records
2. True Copy of Grades from UPUB

No. of copies: 1

Reason & intended use of requested information/document
NBC

KARL JOHN GALVEZ
Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0607799 Date: 2/17/22 Amount: 20/-

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: