



REQUEST FOR INFORMATION/RECORD

Date: 02/04/2022

Name of Requestor: FLORENCE ADELYN O. ARMADA

Address: APARTMENT #1, VSU, DAYDAY, LEYTE

Contact Number: 09095663780 / DPHD 1121

E-mail address: florenceadelyn.armada@vsu.edu.ph

Proof of Identity: VSU ID

ID No.: VO1111

Requested Information:

TPES SY 2018-2019 (1st and 2nd sem)

No. of copies: 1

Reason & intended use of requested information/document

For NDC evaluation

FLORENCE ADELYN O. ARMADA
Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0008981 Date: 3/4/22 Amount: 251

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: