



REQUEST FOR INFORMATION/RECORD

Date: 17-05-2022

Name of Requestor: CLIFF LENNARD M. PIEDRAVERDE

Address: BRGY. BUNGA, BAYBAY CITY, LEYTE

Contact Number: 09089394241

E-mail address: cliffennard@gmail.com

Proof of Identity: VSU STUDENT ID

ID No.: 18-1-01278

Requested Information:

LIST OF VSU EMPLOYEES

No. of copies: 1

Reason & intended use of requested information/document

RESPONDENTS FOR RESEARCH STUDY

CLIFF LENNARD M. PIEDRAVERDE
Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0612727 Date: 5/17/22 Amount: 10/-

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: