



REQUEST FOR INFORMATION/RECORD

Date: Feb. 24, 2022

Name of Requestor: ELIZA D. ESPINOSA

Address: c/o Institute of Tropical Ecology and Environmental Management /ITEEM

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Proof of Identity: LSM

ID No.: 1/000600

Requested Information:

IPCR : 2019 (January - June) ; 2018 (Jan - June & July - Dec)
2017 (Jan - June & July - Dec)

No. of copies: _____

Reason & intended use of requested information/document

Institutional Accreditation

ELIZA D. ESPINOSA
Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. wanted Date: _____ Amount: _____

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: