



**REQUEST FOR INFORMATION/RECORD**

Date: April 1, 2022

Name of Requestor: Susan M. Enage

Address: NISCA, Baybay City

Contact Number: 09678957853

E-mail address: susan.enage@vsu.edu.ph

Proof of Identity: Instructor

ID No.: \_\_\_\_\_

Requested Information:

(For the purpose of getting my terminal fee) Service Record

No. of copies: 2

Reason & intended use of requested information/document

for Terminal Leave fee

Susan M. Enage

Name & Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0611283 Date: April 1/22 Amount: 10-

Disapproved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:

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