

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

		_	Date: Feb. 11, w 22
Name of Requestor:			
Address:		STATE WINDRSIB	
Contact Number:		14913/ DDL 1/10E-mai	il address:
Proof of Identity:	Passport	10	ID No.: P987 6868\$
Requested Information	on: Saharice	Record	
-	Fatest	Appointment as	Most art Prof. 1)
No. of copies: 2 Cs	ries asch	documents.	
Reason & intended ι	No.	d information/document	
LADIE AMUE P. COM	DE Mushe		
Signature of Reques			
Action on the requ	est:		
Approved:			
	R	YSAN C. GUINOCOR	
		DDAS and FOI Decision Mak	er
Evidence of paymen	t: OR No	Date:	Amount:
Disapproved:			
	R	YSAN C. GUINOCOR	
		DDAS and FOI Decision Mak	er
Remarks/reason for	disapproval:		