



REQUEST FOR INFORMATION/RECORD

Date: 02/10/2022

Name of Requestor: MARLON G. BURLAS

Address: VSU

Contact Number: 0917 634 1520

E-mail address: marlon.burlas@vsu.edu.ph

Proof of Identity: permanent employee

ID No.: 100943

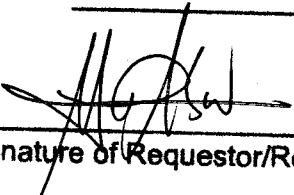
Requested Information:

copy of PDF & PDS

No. of copies: 1

Reason & intended use of requested information/document

ISO documentation / file in the office


Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

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

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:

