

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

Date: 4 - 8 - 2022
Name of Requestor: FELIPE M. MATION
Name of Requestor: FELIPE M. MATION Address: Werces bay bely to
Contact Number: 49176840975927676 E-mail address:
Proof of Identity: DRAVIL LIY Sem ID No.: 8/2~11-00
Requested Information:
No. of copies:/
Reason & intended use of requested information/document 4 4 5 = 1 = 0
Name & 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: