

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

		Date:	4 1, 2022
Name of Requestor:	Imelda A. Tidoy PhilRodorps, VISCA, Bo 09179180612/09350536630		/
Address:	PhilRoderps, VISCA, B	nybay City, Late in	elda. tidoz@vsn.elseph
Contact Number:	09179180612/09350536630	E-mail address:	gelatin
Proof of Identity:	ISU ID	ID No.: <u>▼∞</u>	0511
Requested Informatio	Service Record - 3 0	april . Unop - 1 cgy	
	1 SHEW - 1 Copy		
No. of copies:			
	se of requested information/docur	nent	
IMELD	Atiday A A. 19 Doy		
Name & Signature of	Requestor/Representative		
Action on the reques	st:		
Approved:			
	RYSAN C. GUINOC Director, ODAS and FOI Dec		
Evidence of payment:	: OR No 0615676 Date	e: 7 4 22 Amount	:_50/
Disapproved:			
	RYSAN C. GUINOC Director, ODAS and FOI Dec		
Remarks/reason for d	lisapproval:		
- 2			