



REQUEST FOR INFORMATION/RECORD

Date: 2/14/2022

Name of Requestor: JUDE B. ROLA

Address: BAYBAY CITY, LEYTE

Contact Number: 09184711951

E-mail address: Jude.rola@vsu.edu.ph

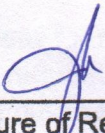
Proof of Identity: _____

ID No.: _____

Requested Information: SERVICE RECORD

No. of copies: 2

Reason & intended use of requested information/document
NBC


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: