

## OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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## REQUEST FOR INFORMATION/RECORD

Date: February 4, 2027
Name of Requestor: Ciedelle Honey Low Dimalia - Gapasin
Address: No. 32 Mirambel Homes, Brgy. Gabas, Baybay Gty
Contact Number: 09667926984 E-mail address: ciedelle.gapasin@vsu.ed
Proof of Identity: VW ID ID No.: Vol187
Requested Information:  Diploma of Master's Degree  Diploma of Doctoral Degree
No. of copies: 4 copies (2 copies per document/diploma)
Reason & intended use of requested information/document
For the NBC
one
Signature of Requestor/Representative
Action on the request:
Approved:
RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker
Evidence of payment: OR No. 0606 967 Date: 4 Fub. 222 Amount: 80.0
Disapproved:
RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker
Remarks/reason for disapproval: