



REQUEST FOR INFORMATION/RECORD

Date: 2/18/2022

Name of Requestor: SUZETTE B. LINA

Address: DSS

Contact Number: _____

E-mail address: sblina@vsu.edu.ph

Proof of Identity: VSU ID

ID No.: V-000295

Requested Information:

TPES Result for 1st & 2nd Sem from S.Y. 2016-2017;
2017-2018 & 2018-2019 for NBC 461 evaluation

No. of copies: _____

Reason & intended use of requested information/document

NBC-461

SUZETTE B. LINA

Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0608016 Date: 2/21/22 Amount: 25/-

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:

