

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

		Date: June	3,2022
Name of Requestor:	MARIA ROSARIO C. LIPIAN	_	•
Address:	DEPARTMENT OF AGRICULTURAL	EDUC. G EXTIV.	
Contact Number:	1014		arosariotipian@gmail com
Proof of Identity:	Philteath J.D.	ID No.: 13	025558312-4
Requested Information	on:	*	
	Centificate of Terminat	UT N	
No. of copies:			
Reason & intended u	se of requested information/docun	nent	
	e termination dosure		
10: i.	and		
MARIA ROSARIO	e. Lipian		
Name & Signature of	Requestor/Representative		
Action on the reque	est:		
Approved:			
	RYSAN C. GUINOC	OR	
	Director, ODAS and FOI Dec	cision Maker	
Evidence of payment	t: OR No Date	:Amoun	ıt:
Disapproved:			
элоаррготой.			
	RYSAN C. GUINOC		
	Director, ODAS and FOI Dec	sision Maker	
Remarks/reason for	disapproval:		
<u> </u>			