

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

Name of Requestor: Address: Contact Number: Proof of Identity: Requested Information: No. of copies: Reason & intended use of requested information/document Signature of Requestor/Representative Action on the request:	
No. of copies: Reason & intended use of requested information/document AR Signature of Requestor/Representative	
Reason & intended use of requested information/document Will Signature of Requestor/Representative	
Signature of Requestor/Representative	
Signature of Requestor/Representative	
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:	