



REQUEST FOR INFORMATION/RECORD

Date: 3/18/22

Name of Requestor: FLORENCIO JOHN S. SALADAGA

Address: DIST. 22 ORmoc CITY

Contact Number: 09173217599

E-mail address: john-saladaga@vsu.edu.ph

Proof of Identity: DRIVERS LICENSE

ID No.: 103-98.031097

Requested Information:

Service record

No. of copies: 3

Reason & intended use of requested information/document

request for housing

FLORENCIO JOHN S. SALADAGA

Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0610191 Date: 3-18-22 Amount: 10
0610196 3-18-22 20
730

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: