

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

		Date: Jule 8, WIL	
Name of Requestor:	ana Marginga M. Lushi		
Address:	CVM, USU, Baybay City		104-edups
Contact Number:	891906/1693 E	E-mail address: <u>amm.quilid</u> t@g	Julan.
Proof of Identity:	VSU 10	ID No.: VOOA27	
Requested Information	Certificati of employme		
No. of copies:	Tone (1)		
The Karre	e of requested information/document For application as School and Junication Tack and Mulication Requestor/Representative	l Representative to	
Action on the reques			
Action on the reques			
Approved:			
	RYSAN C. GUINOCOR Director, ODAS and FOI Decision	ı Maker	
Evidence of payment:	OR No. 063863 Date: 0	2 2 Amount: 10	
Disapproved:			
	RYSAN C. GUINOCOR Director, ODAS and FOI Decision	n Maker	
Remarks/reason for di	sapproval:		