



REQUEST FOR INFORMATION/RECORD

Date: 02-09-2022

Name of Requestor: ARLAN ACAMPAO

Address: PAIC, LEYTE

Contact Number: 09469230949

E-mail address: _____

Proof of Identity: KSU ID

ID No.: 101092

Requested Information: COE FOR THE YEAR 2015-2016 (PART-TIME)
AND 2018-2019 (INSTRUCTOR I)

No. of copies: 2 each

Reason & intended use of requested information/document

NBC

ARLAN ACAMPAO
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: