



REQUEST FOR INFORMATION/RECORD

Date: 2/22/2022

Name of Requestor: VENICE B. IBANEZ

Address: CABAS, BAYBAY CITY

Contact Number: 0935-658-5386

E-mail address: venice.ibanez@vsu.edu.ph

Proof of Identity: VSU ID

ID No.: V00066

Requested Information:

Employment certificate

No. of copies: 1

Reason & intended use of requested information/document

Admission requirement (graduate studies)

VENICE B. IBANEZ
Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0608080 Date: 2/22/22 Amount: 25/-

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:

