

## OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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## REQUEST FOR INFORMATION/RECORD

		Date: F5% 2, 2022
Name of Requestor:	MA. RACHEL KIM L. AWRE	
Address:	APT. 460 V841	
Contact Number:	565 0600 bc. 1104	E-mail address: Kim_oure a you ed
Proof of Identity:	VSU	ID No.:
Requested Informatio		
	min record for noc	
No. of copies: 2	*	
Reason & intended up	se of requested information/docume	nt
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andm		
Signature of Request	or/Representative	
Action on the reque	st:	
Approved:		
	RYSAN C. GUINOCO	
	Director, ODAS and FOI Decis	on Maker
Evidence of payment	OR No. 0606777 Date:	2 Fob. 222 Amount: 10
Disapproved		
Disapproved:		
	RYSAN C. GUINOCO	R
	Director, ODAS and FOI Decis	ion Maker
Remarks/reason for d	lisapproval:	
	Fire	