



**REQUEST FOR INFORMATION/RECORD**

Date: 2/16/2022

Name of Requestor: Aralyn M. Mado

Address: DBS, VSM

Contact Number: 053-563-7536

Proof of Identity: VSM ID

E-mail address: aralyn.mado@vsm.edu.ph

ID No.: V00329

Requested Information:

Service Record

No. of copies: 1

Reason & intended use of requested information/document

for NBC 461 8th Cycle evaluation

Aralyn M. Mado  
Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**  
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0607693 Date: 2/16/22 Amount: 10/-

Disapproved:

**RYSAN C. GUINOCOR**  
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:

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