



REQUEST FOR INFORMATION/RECORD

Date: 21 March 2022

Name of Requestor: JIMBO S. ROSAS

Address: BEG. MARCOS BAYBAY CITY, LEYTE

Contact Number: 0906 8651 880

E-mail address: prosjimbo@vsu.edu.ph

Proof of Identity: Driver's License

ID No.: HK-6-02119

Requested Information:

COE

No. of copies: 1

Reason & intended use of requested information/document

for employment

JIMBO S. ROSAS

Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0610359 Date: 3/21/2022 Amount: 10

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: