

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

	Date: 2 18 wiv
Name of Requestor: Address: Contact Number: Proof of Identity: NANCY D. ABWDA White B, Van, Visa, Byty Van ID - V000183	E-mail address: Noney . aborder vn.
Requested Information:	
TPES (words for SY/AY	Mal - Mg
No. of copies:	
Reason & intended use of requested information/docume	ent
NBC 461, 8th Cycle,	
Name & Signature of Requestor/Representative	
Action on the request:	
Approved:	
RYSAN C. GUINOCO Director, ODAS and FOI Decisi	
Evidence of payment: OR No. 060 7905 Date:	2 18 27 Amount: 25/
Disapproved:	
RYSAN C. GUINOCO	
Remarks/reason for disapproval:	