



REQUEST FOR INFORMATION/RECORD

Date: FEB. 2, 2022

Name of Requestor: GERALD M. RIVERA

Address: BRGY. PANGASUGAN, BA/BA/

Contact Number: 09094196252 / 1074

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

Proof of Identity: VSU ID

ID No.: V00790

Requested Information:

Service record and certificate of employment

No. of copies: 1 copy each

Reason & intended use of requested information/document

To be use in NPC 8th cycle

GERALD M. RIVERA
RIVERA

Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. _____ Date: _____ Amount: _____

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: