



REQUEST FOR INFORMATION/RECORD

Date: February 8, 2022

Name of Requestor: ANGELE E. GENOTIVA

Address: VSU BAYBAY CITY LEYTE

Contact Number: 0961 431 0021

E-mail address: angeli-genotiva@vsu.edu.ph

Proof of Identity: VSU ID

ID No.: V01026

Requested Information:

SERVICE RECORD

No. of copies: 1 COPY

Reason & intended use of requested information/document

NBC 461 ATTACHMENT

ANGELE E. GENOTIVA

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: