



REQUEST FOR INFORMATION/RECORD

Date: FEBRUARY 14, 2022

Name of Requestor: APRIL ROSE P. VILLADER

Address: BRGY. STO. ROSARIO BAYBAY LEYTE

Contact Number: 09171622875

E-mail address: april.villader@vsu.edu.ph

Proof of Identity: VSU I-D

ID No.: V00986

Requested Information:

SERVICE RECORD

No. of copies: 1

Reason & intended use of requested information/document

FOR NBC

April
APRIL ROSE P. VILLADER

Name & 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: