



**REQUEST FOR INFORMATION/RECORD**

Date: 6/17/2022

Name of Requestor: ELIZABETH S. QUEVEDO

Address: DOPAC

Contact Number: 09178905058

E-mail address: elizabeth.quevedo@vsu.edu.ph

Proof of Identity: \_\_\_\_\_

ID No.: \_\_\_\_\_

Requested Information: TPES - Certification

\* 1st Sem & 2nd Sem 2016 - 2017

\* 1st Sem & 2nd Sem 2017 - 2018

\* 1st Sem & 2nd Sem 2018 - 2019

No. of copies: 1

Reason & intended use of requested information/document

NBC 461 cycle 8

Elizabeth S. Quevedo  
ELIZABETH S. QUEVEDO

Name & Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0614344 Date: 6/17/22 Amount: 25/-

Disapproved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: