



**REQUEST FOR INFORMATION/RECORD**

Date: 17 Feb 2022

Name of Requestor: CHERYL BATISTEL  
Address: Bactul II, Maasin City, Southern Leyte  
Contact Number: — E-mail address: cheryl.batistel@vsu.edu.ph  
Proof of Identity: Passport/ VSU ID ID No.: P6154308A

**Requested Information:**

1. Certificate Summary TPES Rating (July 2016 to June 2019)

No. of copies: 1

Reason & intended use of requested information/document  
For QCE, NBC 461 8th cycle

CHERYL C. BATISTEL

Name & Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0607819 Date: 2/17/22 Amount: 251

Disapproved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: