

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

	Date: March 28, 2022
Name of Requestor	MICHELLE AUGREY R. DOMINGO
Address:	503-30 de Deciembre St. Baybay City, Leyte
Contact Number:	0916 475 6664 E-mail address: michelle oubrey cabose @ gmail
Proof of Identity:	Alumni 10, Driver's License ID No.: 2015 - 0935
Requested Informat	
	rtificate of Employment iii-Lidar 2 VSU - ELO FARMI
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Name & Signature of Action on the requ	of Requestor/Representative lest: RYSAN C. GUINOCOR
Name & Signature of Action on the requestion Approved:	of Requestor/Representative RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker
Name & Signature of Action on the requestion Approved:	of Requestor/Representative lest: RYSAN C. GUINOCOR
Name & Signature of Action on the requirement of Approved: Evidence of payments	of Requestor/Representative RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker
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