



**REQUEST FOR INFORMATION/RECORD**

Date: May 18, 2023

Name of Requestor: Samuel S. Preciado

Address: DOE, USA

Contact Number: \_\_\_\_\_

E-mail address: Samuel.preciado@vsu.edu.ph

Proof of Identity: Xerox copy of ID

ID No.: 10455

Requested Information: Certificate of Employment

No. of copies: 1

Reason & intended use of requested information/document  
to be submitted for USAID

Samuel S. Preciado  
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:

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\_\_\_\_\_