



**REQUEST FOR INFORMATION/RECORD**

Date: 2/17/2022

Name of Requestor: Julissah C. Evangelio

Address: DBS, VSU

Contact Number: 563-7536 loc 1014

E-mail address: jcevangelio@vsu.edu.ph

Proof of Identity: VSU-ID

ID No.: V00771

Requested Information:

1. Summary TPES rating from July 2016 to June 2018 (Certificate of Summary)

No. of copies: 1 (for each semester)

Reason & intended use of requested information/document

for QCE purpose for NBC4th 8th cycle

  
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: 25/-

Disapproved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: