

## OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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Date: 03-02-2022

## REQUEST FOR INFORMATION/RECORD

Name of Requestor: _JOEL @. MABALHIN	
Address: VSU- DTE	
Contact Number: 0997 742 8759	E-mail address: joel.mabalhinevsu.edu.
Proof of Identity: VGU ID - Cavd	ID No.:
Requested Information:	
Gervite Records	
No. of copies:1	
Reason & intended use of requested information/docume	ent
For horsing application	
Jul a. oom	
Name & Signature of Requestor/Representative	
Action on the request:	
Approved:	
RYSAN C. GUINOCO Director, ODAS and FOI Decis	
Evidence of payment: OR No. 6609747 Date: _	<u>η[2 2ν</u> Amount: <u>[0 /</u>
Disapproved:	
RYSAN C. GUINOCO Director, ODAS and FOI Decis	
Director, ODAS and FOI Decis	INITIANEI
Remarks/reason for disapproval:	

