



**REQUEST FOR INFORMATION/RECORD**

Date: 03-02-2022

Name of Requestor: JOEL Q. MABALHIN

Address: VSU- DTE

Contact Number: 0997 742 8759

E-mail address: joel.mabalhine@vsu.edu.ph

Proof of Identity: VSU ID - Card

ID No.: V-01029

Requested Information:

Service Records

No. of copies: 1

Reason & intended use of requested information/document

For housing applications

JOEL Q. MABALHIN

Name & Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0608747 Date: 3/2/22 Amount: 101

Disapproved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: