



**REQUEST FOR INFORMATION/RECORD**

Date: 16 February 2022

Name of Requestor: Velarde, Rosa Ephraim D.

Address: VSU

Contact Number: 0977 387 3584

E-mail address: rosa.velarde@vsu.edu.ph

Proof of Identity: VSU ID ~~XXXX~~ V00538

ID No.: V00538

Requested Information:

photo copy of appointment, duties & responsibilities  
Document for PRC

No. of copies: 36

Reason & intended use of requested information/document

Document for PRC

Rosa Ephraim D. Velarde  
Name & Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**  
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 060 7711 Date: 2/16/22 Amount: 500/-

Disapproved:

**RYSAN C. GUINOCOR**  
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:

\_\_\_\_\_  
\_\_\_\_\_