

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

				Date: <u>02/03/2022</u>		
Name of Requestor:	LOREME S. CAGANDE /	, MARIEDITH I. BAGAR	INA O	, ,		
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Address: Contact Number:	09155820070 /093	359798597	E-mail addre	ess: loreme cagande @ w	n.edu.ph	
Proof of Identity:				No.: VOI105 /V00917		
Requested Information	on: KNICE KECORD					
					_	
No. of copies:						
Reason & intended u		ormation/documer			_ z	
Z-S. Cagande Signature of Reques	tor/Representative					
Action on the reque	est:					
Approved:						
		N C. GUINOCOF S and FOI Decision				
Evidence of payment	:: OR No	Date:		_ Amount:	_	
Disapproved:						
		N C. GUINOCOF S and FOI Decision				
Remarks/reason for	disapproval:					
		**			-	