

## OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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## REQUEST FOR INFORMATION/RECORD

		Date: 3 March 2022
Name of Requestor: Address:	DOE, VOU, Visca, Baybay	y Cify Leyte
Contact Number:	09565948887	E-mail address: rufita. copun @vsu. edu. fl
Proof of Identity:	VSU ID	ID No.: <u>νοθοίψο</u>
Requested Information	on: TPES: AY 2016-201 AY 2017-201 AY 2018-201	7 1st & 2nd semester 8 1st & 2nd semester 9 1st & 2nd semester
No. of copies:		
Reason & intended u	se of requested information/do	cument
For	NBC 461 Cycli B	
RUTING F. CAPU		
Name & Signature of	Requestor/Representative	
Action on the reque	est:	
Approved:		
	RYSAN C. GUIN Director, ODAS and FOI	
Evidence of payment	:: OR No. 0609561 D	Date:
Disapproved:		
	RYSAN C. GUIN Director, ODAS and FOI	
Remarks/reason for o	disapproval:	