

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

		Date:
Name of Requestor:	April Jae G. Custodio	
Address:	Brgy. Concepcion, Drmoc City	_
Contact Number:	09152630875	E-mail address: april custodio@ vsv. edu.
Proof of Identity:	4 90 10	ID No.: <u>Y01259</u>
Requested Informatio	n: Service Record	
No. of copies:	·	
	se of requested information/docum	nent
APRIL JAE	6) CUSTODIO	
	Requestor/Representative	
Action on the reque	st:	
Approved:		
	RYSAN C. GUINOC Director, ODAS and FOI Dec	
Evidence of payment	: OR No	: 3/2/27 Amount: 10/
Disapproved:		
	RYSAN C. GUINOC Director, ODAS and FOI Dec	
Remarks/reason for o	disapproval:	