

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

			D	ate: MAY 23,	2022
Name of Requestor:	BUEN JOSEF	C-ANDRADE			
Address:	1240 GUADALUPE	E BANBAY CUA	LUEYTE		
Contact Number: Proof of Identity:	0905315379	0	E-mail addre	ess: buen andro	Je@vsu.ed
Proof of Identity:	DRIVER'S LICENSE	H12-18-003578	ID	No.: <u>100910</u>	-
Requested Information		240			
-	SERVICE REC TRANSCRIPT OF 1	reconos for	MASTER'S DE	ECNEÉ	
No. of copies:3					
Reason & intended L	use of requested info			GING	
					Marie Carlos de La Colombia de Carlos de Carlo
BUEN JOSEF					
Name & Signature of	Requestor/Represe	entative			
Action on the reque	est:				
Approved:					
		AN C. GUINOCOI S and FOI Decisi			
Evidence of paymen	t: OR No	Date: _		Amount:	
Disapproved:					
		AN C. GUINOCO S and FOI Decis			
Remarks/reason for	disapproval:				
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