

## OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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## REQUEST FOR INFORMATION/RECORD

		Date: 2 7 22	_
Name of Requestor: Address:	ANDREW MAZO 1HK, V8U		
Contact Number:	09171061780	E-mail address: andrew.ma	208 vsy. edy. ph
Proof of Identity:	NSN M	ID No.: VOOO853	
Requested Information	on: Service Record for	Nac	
-	Service receive for	1400	
No. of copies:			
Reason & intended u	se of requested information/docu BC 8th Cycle EValua	ment tion	
Az	5		
Signature of Request	or/Representative		
Action on the reque	est:		
,			
Approved:			
	RYSAN C. GUINOG Director, ODAS and FOI De		
Evidence of payment	:: OR No Date	e: Amount:	_
Disapproved:			
	RYSAN C. GUINO	COR	
	Director, ODAS and FOI De		
Remarks/reason for o	disapproval:		