



REQUEST FOR INFORMATION/RECORD

Date: Feb. 3, 2022

Name of Requestor: ED ALLAN L. ALCOBER

Address: VSU, BAYBAY CITY, LEYTE

Contact Number: 09483696506/09675619013

E-mail address: ian.alcober@vsu.edu.ph

Proof of Identity: VSU ID.

ID No.: V00026

Requested Information:

Service record

No. of copies: 1

Reason & intended use of requested information/document

For NBC 4th 8th cycle evaluation

Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0606838 Date: 3 Feb. 2022 Amount: 10

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: