



**REQUEST FOR INFORMATION/RECORD**

Date: \_\_\_\_\_

Name of Requestor: MANUEL E. CASANGCAPAN

Address: DABE, VSU

Contact Number: 0936 841 9211

E-mail address: mecasangcapan@vsu.edu.ph

Proof of Identity: VSU ID

ID No.: V000146

Requested Information: SERVICE RECORD

No. of copies: 1

Reason & intended use of requested information/document  
NBC 461 Evaluation

M. E. CASANGCAPAN

Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Disapproved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: