



REQUEST FOR INFORMATION/RECORD

Date: 02-08-2022

Name of Requestor: SHALOM GRACE C. SUGANO

Address: Van, Baybay City, Leyte

Contact Number: 0912 265 4495

E-mail address: shalomgrace.sugano@vsu.edu.ph

Proof of Identity: ID

ID No.: _____

Requested Information: Service Record of Hanzel N. Mejia

No. of copies: 1

Reason & intended use of requested information/document
to be used for NBC 461 evaluation

SHALOM GRACE C. SUGANO
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: