



**REQUEST FOR INFORMATION/RECORD**

Date: 6/1/22

Name of Requestor: FATIMA T. BALINSA

Address: DAEFx, VSU

Contact Number: 09702931141

Proof of Identity: WMID

E-mail address: fatima.balinso@vsu.edu.ph

ID No.: 006-0017-6155-9

Requested Information: Service Record w/ CANOP (5 copies)

No. of copies: 5

Reason & intended use of requested information/document  
for retirement

Fatima T. Balinso  
FATIMA T. BALINSA  
Name & 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: