

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

		Date: 1- 12- 22
Name of Requestor:	KAYE ANNE V. GALGO	
Address:	BRGY. PATAG, BAYBAY CI	IT, LEXTE
Contact Number:	09050478655	E-mail address: Khey 25 ann @ gmail . Con
Proof of Identity:	PHILMEALTH ID	ID No.: 12-025526907-6
Requested Information		
-	CLERICAL EXAM RE	DYMENT
No. of copies:		
Reason & intended us	e of requested information/do	cument
	PERSONAL V	NSE.
	*	
Signature of Requesto		
Signature of Requesto	r/Representative	
Action on the reques	t ·	
rough on the reques		
Approved:		
	RYSAN C. GUIN Director, ODAS and FOI	
Evidence of payment:	OR No. 0606169 D	Pate: 9am 12 22 Amount: 20/
Disapproved:		
	RYSAN C. GUIN Director, ODAS and FOI I	
Remarks/reason for di	sapproval:	