



**REQUEST FOR INFORMATION/RECORD**

Date: May 20, 2022

Name of Requestor: Maria Hazel I. Bullozas st. al.

Address: DOF

Contact Number: 1024

E-mail address: \_\_\_\_\_

Proof of Identity: WU

ID No.: 00096

Requested Information: Service Record of the ff: DOF faculty for  
AACUP Accreditation. Hazel I. Bullozas, Ma. Sabina P.  
Bullozas, Ma. Sabina P. Bullozas, Rufina F. Capena, Geniel S. Preciado  
Enrique F. Bullozas, David M. Ramoneda, Liza May  
Centeno

No. of copies: 1

Reason & intended use of requested information/document

For AACUP & ROAT Accreditation.

M. H. Bullozas

MARIA HAZEL I. BULLOZAS

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: