

## OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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## REQUEST FOR INFORMATION/RECORD

		Date: feb	oniony 11, 2022
Name of Requestor:			
Address:	Baybay City, Leyte	, e	
Contact Number:	09178919398		<u>unachrista.milloza@</u> vsu. edu.ph
Proof of Identity:	PRC ID	ID No.: <u>8</u> 2	165
Requested Information	on: Service Record		
No. of copies:1	aur de faith de airs, a de annue ann an annue		
Reason & intended u	se of requested information/	document	
Signature of Reques	tor/Representative		
Action on the requ	est:		
Approved:			
	RYSAN C. Gl Director, ODAS and F		
Evidence of paymer	it: OR No. 060 7592	_ Date: Amou	unt:k
Disapproved:			
	RYSAN C. G		
Remarks/reason for	disapproval:		
		*	