



REQUEST FOR INFORMATION/RECORD

Date: Feb. 9, 2022

Name of Requestor: KYLA MAE M. RAMONEDA

Address: VSC, Visca, Baybay City, Leyte

Contact Number: _____

E-mail address: kyla.ramoneda@vsu.edu.ph

Proof of Identity: Identification Card (Postal ID)

ID No.: I24210333107

Requested Information:

Service Records of Brother Faculty
Certificate of Employment of Brother Faculty
MPLoreto, LmKamronda, LFMabumada, MBGalambao & PLKamos

No. of copies: 1 copy each

Reason & intended use of requested information/document

Requirements for NBC 461- 8th cycle

KYLA MAE M. RAMONEDA
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:

