



REQUEST FOR INFORMATION/RECORD

Date: Dec. 28/21

Name of Requestor: LESLIE ANN LIWANAG

Address: DLABS, VSU

Contact Number: 09208193777

E-mail address: leslie-liwanag@vsu.edu.ph

Proof of Identity: VSU ID

ID No.: 101086

Requested Information:

SERVICE RECORD

No. of copies: 1

Reason & intended use of requested information/document

for personal file

GIWA H. NAYRE

Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0605876 Date: 12/28/21 Amount: 10/-

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: