

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

				Date: 2/3/22
Name of Requestor:	APPIL GAYLE V	1. CAZUNANGAN		
Address:	Zone 2, Bray.			
Contact Number:	0917533949	15	E-mail add	dress:
Proof of Identity:		H	10	No.: H12 - 14 - 000021
Requested Information	SERVICE (PECORD		
No. of copies:				
Reason & intended use of requested information/document				
				/
Signature of Requesto	r/Representative			
Action on the reques	it:			
Approved:				
	RYSAN Director, ODAS	I C. GUINOCO and FOI Decis		
Evidence of payment:	OR No	Date: _		Amount:
Disapproved:				
	RYSAN Director, ODAS	I C. GUINOCO and FOI Decis		
Remarks/reason for di	sapproval:			