



REQUEST FOR INFORMATION/RECORD

Date: 11 Feb 2022

Name of Requestor: CHERYL BATISTEL

Address: Bactul II, Maasin City, Southern Leyte

Contact Number: _____ E-mail address: cheryl.batistel@vsu.edu.ph

Proof of Identity: Passport ID No.: P6154308A

Requested Information:

1. Service Record

2. Appointment

No. of copies: 1

Reason & intended use of requested information/document
For NBC Evaluation


CHERYL C. BATISTEL

Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0607339 Date: 2/11/22 Amount: 101

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: