

**FOI Request Form**

Republic of the Philippines  
**CEBU NORMAL UNIVERSITY**  
Osmeña Boulevard, Cebu City

**FREEDOM OF INFORMATION REQUEST FORM**

Title of the Document : \_\_\_\_\_  
Year : \_\_\_\_\_  
Purpose : \_\_\_\_\_  
\_\_\_\_\_

Name : \_\_\_\_\_  
Signature : \_\_\_\_\_  
Date : \_\_\_\_\_  
Contact Nos. : \_\_\_\_\_  
Address : \_\_\_\_\_

Proof of Identity:  
Passport No: \_\_\_\_\_  
Driver's License: \_\_\_\_\_  
Other: \_\_\_\_\_

How information will be received?  
 Email  Fax  Postal Address  Pick up (Office Hours)

Submitted to : \_\_\_\_\_  
Signature over printed name

Date and Time of Submission: \_\_\_\_\_

Certified by : \_\_\_\_\_  
Signature over printed name

Type of action conducted: \_\_\_\_\_

Received by:  
\_\_\_\_\_  
FOI Receiving Officer

Remarks:  
\_\_\_\_\_