Republic of the Philippines
TARLAC STATE UNIVERSITY

Romulo Boulevard, San Vicente, Tarlac City

Tel./Fax No.: (045) 982-5574; (045) 982-0110

FOI Tracking Number

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**FREEDOM OF INFORMATION (FOI) REQUEST FORM**

(Pursuant to Executive Order No. 2 s. 2016)

(For use of External Requests)

**A. Requesting Party**

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|  |  |  |
| 1. SURNAME | 2. GIVEN NAME | 3. MIDDLE NAME |

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| 4. Complete Residence Address/Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile No./ Landline No.: Email Address / FAX: |

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| 5. Preferred Mode of Communication on the action of request: Landline Mobile Email FAX Postal Address Pick up Specify: \_\_\_\_\_\_\_ |
| 6. Type of ID provided (with photo and duly signed):   |
| 7. Preferred mode of Reply: Pick up Electronic (Email or Fax) Others |

**B. Requested Information**

|  |  |
| --- | --- |
| 8. Title of Document / Records Requested: | 9. Coverage/Time Period: |
| 10. Purpose: |

**C.** **Declaration**

*Privacy Notice: I was informed that the information from my application will be used by the Tarlac State University (TSU), to deal with my application as set out in the Freedom of Information Executive Order No. 2. If the Department or Agency gives me access to a document, and if the document contains no personal information about me, the document will be published online in the Agency’s Website or disclosure log, along with my name and the date I applied, and if another person, company or body will use or benefit from the documents sought, the name of that person, entity or body must be indicated.*

*I declare that:*

* *The information provided by me in the form is complete and correct;*
* *I have read the Declaration*
* *I have presented at least one (1) government – issued ID to establish proof of my identity, which is specified in no. 6 of the Form.*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Signature over Printed Name (Requesting Party) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D.** **FOI Receiving Officers (RO)**

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| --- | --- |
| 12. First Receiving Officer:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature Over Printed Name) Date:\_\_\_\_\_\_\_\_\_\_\_\_\_13. Second / Third Receiving Officer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature Over Printed Name) Date:\_\_\_\_\_\_\_\_\_\_\_\_\_  | 14. Decision Maker Assigned to Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature Over Printed Name) Date:\_\_\_\_\_\_\_\_\_\_\_ |
| 15. Decision on Appliction: Successful Partially Successful Denied Cost  Invalid Incomplete Exemption Data Already Available Online |

|  |  |
| --- | --- |
| 16. Date Request Finished/Sent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_**\_ | 18. FOI Registry Accomplished : YES NO |
| 17. Date Request Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 19. Receiving Officer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature Over Printed Name) Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Form No.: TSU-FOI-SF-01  | Revision No. 00 | Effectivity Date: November 28, 2019 | Page 1 of 1 |

**Note:** Processing of request – 7:00am to 12:00nn and 1:00pm to 6:00pm (Tuesday to Friday, except holidays)