

Department of Science and Technology

Regional Office No. 1

DMMSU-MLU Campus, Catbangen, City of San Fernando, La Union

FREEDOM OF INFORMATION REQUEST FORM

PART I. INFORMATION ON REQUESTING PARTY

1. Title: (Mr/Mrs/Miss/Ms) Others
2. Full Name:

Surname
 First Name
(Including M.I.)

6. Contact Details:

Landline:

Fax:

Mobile:

E-mail:
3. Complete Address:

Apt/House No./Street
 Brgy/District
 City/Municipality
 Province

7. Preferred Mode of Communication:

☐ Landline ☐ Mobile ☐ E-mail ☐ Postal Address
4. Company/Affiliation/Organization/School and Position:
5. Type of I.D. Given: (With photograph and signature)

☐ Passport ☐ Driver's License ☐ Others: (Pls. Specify)
☐ Postal ID ☐ Voter's ID

8. Preferred Mode of Reply/Response:

☐ Pick-up ☐ Fax ☐ E-mail ☐ Postal Address
9. Name of Representative/Guardian: (If applicable)

Surname
 First Name
(Including M.I.)

10. I.D. of Representative:
 11. Proof of Authority:

PART II. REQUESTED INFORMATION

12. Title of Document/Record Requested:

(Please provide as much detail as you can)

☐ Photocopy ☐ Certified Photocopy

13. Date of Document: (DD/MM/YYYY) / /
☐ Certified True Copy
14. Purpose of Request (Please be as specific as possible):
15. Any other relevant information:

I declare and certify that the information provided in this form is complete and correct. I am aware that giving false or misleading information or using forged documents is a criminal offense. I bind myself and my principal to use the requested information only for the specific purpose stated and subject to such other conditions as may be prescribed by DOST I. I understand that DOST I may collect, use and disclose personal information contained in this request.

16. Signature of Requesting Party or Representative:

Date: (DD/MM/YYYY)

For Official Use Only

Received by:

Name/Signature:

Position:

Date and Time Received:

Remarks: