



Reference No.: BatStateU-FO-REC-02

Effectivity Date: April 10, 2017

Revision No.: 00

RECORDS MANAGEMENT OFFICE**REQUEST SLIP**

Name:

Office/Dept./College:

Request for Authentication

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Purpose:

Requested by:

Signature Over Printed Name
Date:

Action Taken:

LOUWELYN L. ANDAL
Asst. Director, Records Management Office
Position/Designation

Date Signed:

Remarks:

Released by:

Date of Release:
