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Reference Number:

Date of Request:



DEPED FREEDOM OF INFORMATION REQUEST FORM

Pursuant to Executive Order No. 2, s. 2016
(as of November 2016)

Please read the following information carefully before proceeding with your application. Use blue or black ink. Write neatly and in BLOCK letters. Improper or incorrectly filled out forms will not be acted upon. Tick or mark boxes with "X" where necessary. Note: (*) denotes a MANDATORY field.

A. Requesting Party

1. Title (e.g. Mr, Mrs, Ms, Miss)	2. Given Name/s (including M.I.) *	3. Surname *
4. Residential Address (Apt/House Number, Street, City/Municipality, Province) *	5. Organization/Company/School *	
6. Landline/Fax	7. Mobile *	8. Email *
9. Type of ID Given * (Please ensure your IDs contain your photo and signature)	<input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> SSS ID <input type="checkbox"/> Postal ID <input type="checkbox"/> Voter's ID <input type="checkbox"/> School ID <input type="checkbox"/> Other/s: _____	

B. Requested Information

10. Title of Document/Record Requested *
(Please be as detailed as possible) _____

11. Purpose * _____

C. Declaration

Privacy Notice: Once deemed valid, the information entered in this form will be used to deal with your application as set out in the Freedom of Information Executive Order No. 2. If the Department gives you access to a document, and if it contains no personal information about you, the document will be published online, along with your name and the date you applied, and, if another person or company will use or benefit from the documents sought, the name of that person or entity.

The DepEd shall respond to your request as soon as practicable but not exceeding fifteen (15) working days from receipt hereof, unless extended depending on the nature of request, and when it requires extensive search, or affected by any fortuitous event.

By accomplishing this form, I declare that:

- The information provided in the form is complete and correct;
- I have read the Privacy Notice;
- I have presented the requirements needed.

I understand that it is an offense to give misleading information about my identity, and that doing so may result in a decision to refuse to process my application.

Signature over Printed Name * _____

D. FOI Receiving Officer [INTERNAL USE ONLY]

Name _____

Decision Maker Assigned to Application (print name) _____

The request is recommended to be: Approved Denied

If Denied, please tick the Reason for the Denial Invalid Request Incomplete Data already available online

Date Request Finished (DD/MM/YYYY) _____

RO Signature _____

Date of Signature (DD/MM/YYYY) _____

ACKNOWLEDGMENT RECEIPT

This serves as an acknowledgment that your Freedom of Information (FOI) request was received by this office as set out in the Executive Order No. 2, s. 2016. Rest assured that the collected personal information is utilized solely for documentation purposes and shall be forwarded to the concerned office/s of the Department for appropriate action and/or response in compliance with the Data Privacy Act of 2012. Please be reminded that your FOI request will be acted upon by the assigned officer or employee within the prescribed timelines of

Name of Requesting Party	Reference Number
Signature over Printed Name of Receiving Officer	Date