TARLAC STATE UNIVERSITY
OFFICE OF THE UNIVERSITY AND BOARD SECRETARY

Control Number

REQUEST FOR COPIES OF DOCUMENTS
(Internal and External)

Date/ Time: _____

Name of Client: _____ **E-mail:** _____
Office: _____ **Contact No.:** _____
Document Requested: ☐ **Board Resolution** ☐ **Board Referendum** ☐ **CSW with Attachments**
☐ **Admin. Council Minutes** ☐ **Admin. Council Resolutions** ☐ **Summary of Board Resolutions**

Purpose: _____

_____

_____

_____

Signature of Client: _____

Served By (OUBS Staff): _____ **Date/Time:** _____
Approved, Director: _____ **Date/Time:** _____