Control No.: *PAU-_____*

Date of Request: _____

Media Entity/Office Name:	
Name of Representative:	
Contact Information: *(Contact Number & Email Address)*	
Date and Time of the Interview:	
Person to be interviewed: *(Name, Position and Division/Unit/Section)*	

Topic/Concern/Questions

Platform

- ☐ Face-to-face
- ☐ Online (Video Conference, e.g. Zoom/Google Meet, MS Teams etc.)
- ☐ Phone Patch
- ☐ Others
- ☐ _____

_____
Signature of the Requester/Date