

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, April 21, 2021

Name: Jacob Chang

Organization (If Applicable): Undergraduate Student Government

Position/title: President

Address: 35 E Northwood Ave

City: Columbus State: OH Zip: 43201

Telephone: 614-370-7576

Email: chang.1728@osu.edu

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 22
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent:
- Opponent: X
- Interested Party:

Do you have a written statement, visual aids, or other material to distribute?

Yes No

(If yes, please provide copies to the Chairman or Committee Clerk)

How much time will your testimony require?

- *Committee Chair may limit testimony in the interest of time*