

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, March 01, 2021

Name: Hannah Powell

Organization (If Applicable): KIPP Columbus School

Position/title: Executive Director

Address: 2980 Inspire Dr

City: Columbus State: OH Zip: 43224

Telephone: 614-966-0433

Email: mhopkins@kippcolumbus.org

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number):
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent:
- Opponent:
- Interested Party: X

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*