

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, April 26, 2023

Name: Lora Cover

Organization (If Applicable): Shaker Heights Board of Education

Position/title: ce President, Board Member

Address: 3018 Morley Rd.

City: Shaker Heights State: OH Zip: 44122

Telephone: 216-318-0036

Email: cover_l@shaker.org

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 6
- 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*