

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, February 28, 2023

Name: Randy Gardner

Organization (If Applicable): Ohio Department of Higher Education

Position/title: Chancellor

Address: 25 S. Front Street

City: Columbus State: OH Zip: 43215

Telephone: 614-752-8810

Email: RGardner@highered.ohio.gov

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 33
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent: X
- Opponent:
- Interested Party:

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

Yes X No

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

How much time will your testimony require? 15-20 minutes

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