

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, February 24, 2025

Name: Lori Kidd

Organization (If Applicable): The University of Akron

Position/title: Associate Professor

Address:

City: Fairlawn State: OH Zip:

Telephone:

Email: kidd@uakron.edu

Are You Representing: Yourself ☒ Organization ☐

Do You Wish to Testify On:

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

Are You Testifying as a:

- Proponent:
- Opponent: ☒
- 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*