



HIGHER EDUCATION COMMITTEE

Witness Form

Today's Date 2/7/2025

Name: Sophia Glenn

Address: _____ 5659 Shady Hollow Lane, Cincinnati, Ohio
45230_____

Telephone: (614)705-9070

Organization Representing: _____

Testifying on Bill Number: SB 1

Testimony: Verbal X Written Both

Testifying As: _____ Proponent X Opponent _____ Interested Party

Are you a Registered Lobbyist? _____ Yes X No

Special Requests: _____

Written testimony is a public record and may be posted on the Ohio Senate's website