

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 2/10/2025

Name: Corey Reid

Are you representing: Yourself Organization

Organization (If Applicable): N/A

Position/Title: _____

Address: 1038 Oakland Park Ave

City: Columbus State: OH Zip: 43224

Best Contact Telephone: 614-499-5291 Email: coreybreid@gmail.com

Do you wish to be added to the committee notice email distribution list? Yes No

Business before the committee

Legislation (Bill/Resolution Number): SB1

Specific Issue: Oppose SB1

Are you testifying as a: Proponent Opponent Interested Party

Will you have a written statement, visual aids, or other material to distribute? Yes No

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

Will your testimony be written, spoken, or both? written

Please provide a brief statement on your position:

As an Ohio State University graduate (double major: International Studies and Japanese) and mother of 3 who will soon be looking into universities for my children to attend, I OPPOSE SB1. Muzzling facts and allowing students to come to their own conclusions is dangerous and will erode the meaning of a degree from Ohio universities. Imagine if we let medical students come to their own conclusions any time during the course of their study. If this bill is passed, I will be looking outside the state the state of Ohio for reputable Universities to which to send my children for their undergraduate (and beyond) degrees.

Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.