



## EDUCATION COMMITTEE

Witness Form

Today's Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Organization Representing: \_\_\_\_\_

Testifying on Bill Number: \_\_\_\_\_

Testimony:     Verbal         Written         Both

Testifying As:     Proponent     Opponent     Interested Party

Are you a Registered Lobbyist?     Yes     No

Special Requests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_