Cleveland Institute of Art
College of Art + Design

Accommodation Request Form for CIA Housing

Please refer to the Reasonable Accommodation Guidelines and Processes for Housing for the complete process for requesting disability-related housing accommodations at CIA. Students must follow these procedures and provide all of the required information in order to be considered for housing accommodations.

Wellness and Accessibility Services (WAS) will accept and consider requests for reasonable accommodation(s) in CIA housing at any time. Students making the request for accommodation should complete and provide the Request Form to WAS as soon as practicably possible before moving into CIA Housing. However, if the request for accommodation is made fewer than 60 days before the student intends to move into CIA Housing, CIA cannot guarantee that it will be able to meet the student's accommodation needs during the first semester or term of occupancy.

If the need for the accommodation arises when an individual already resides in CIA housing, they should contact Wellness and Accessibility Services and complete the Request Form as soon as practicably possible. CIA cannot guarantee that it will be able to meet the accommodation needs during the semester or term in which the request is received.

Please send documentation to: Wellness and Accessibility Services via confidential fax (216) 238-6158; email: DisabilityServices@cia.edu; or U.S. mail to Cleveland Institute of Art, 11610 Euclid Blvd., Cleveland, OH 44106.

Student Information

First Name: _____ Middle: _____ Last: _____

Preferred Name: _____

Date of Birth: _____

Local Phone (___) _____-_____ Cell Phone (___) _____-_____

Campus Address: _____

1. Have you previously registered with Wellness and Accessibility Services? ☐ Yes ☐ No
2. What is your disability? _____
   _____
3. Check All that Apply:

☐ ADHD/ADD	☐ Intellectual Disability	☐ Speech Impairment
☐ Autism Spectrum Disorder	☐ Learning Disability	☐ Traumatic Brain Injury
☐ Health Impairment	☐ Mental Health	☐ Visual Impairment
☐ Hearing Impairment	☐ Mobility Impairment	☐ Other: _____

_____
_____

4. What are your current symptoms? _____
_____
_____

5. Describe the housing accommodation you are requesting: _____
_____
_____

6. Explain how the requested accommodation is necessary to manage your symptoms: _____
_____
_____

7. How will the accommodation allow you to fully participate in the residential community? _____
_____
_____

8. What strategies do you currently use to manage your symptoms? _____
_____
_____

9. If approved, when do you want the accommodation to begin? _____
_____
_____

10. Please share any additional information you would like to provide: _____
_____
_____
_____
_____

Student's Signature: _____

Date: _____