



SAINT IGNATIUS

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Website Accessibility Request Form

Date of Request: _____

Name: _____

Address: _____

Email: _____

Phone: _____

Website address (or location of accessibility problem): _____

Description of the problem encountered: _____

Solution desired: _____

Thank you for bringing this matter to our attention. You may be contacted if more information is needed to process your request. The review process is typically completed within fifteen (15) working days from the date it was received.