UNIVERSITY OF
SOUTH DAKOTA

Native Student Services
University Housing

Fire Regulation Exemption Application

As an American Indian student at the University of South Dakota, I am aware of the Board of Regents fire regulations for the University of South Dakota. Based upon my spiritual beliefs and practices I am requesting an "Exemption" from these regulations.

1. I believe having access to and the opportunity for the utilization of my sacred medicines (cedar, sage and/or sweet grass) in personal prayer is essential to my traditional American Indian cultural ways of life and for my wellbeing as a student at the university. I engage in **spiritual practice**, morning and evening.
2. I am also aware that my roommate(s) or those closes to my living arrangement may have allergies to one or some of these medicines. Therefore, I will take the appropriate and necessary precautions in utilizing the medicines in the privacy of my own room.
3. I will also discuss the burn exemption with my roommate(s).

Applicant Information

Applicant Name: _____ USD ID#: _____ Date: _____

Phone Number: _____ Email: _____

Roommate Agreement

With my signature below, I agree to share the common areas of my assigned residential space with a roommate that has been approved to have a "Fire Regulation Exemption" for American Indian cultural/spiritual purposes. Should I have any concerns, disagreements, or inability to come to agreement regarding the use of sacred medicines (sage, sweet grass and/or cedar), I/we will discuss our concerns as roommates or with our Community Advisor and/or Residence Hall Director.

Roommate Name: _____ USD ID#: _____

Roommate Signature: _____ Date: _____

Roommate Name: _____ USD ID#: _____

Roommate Signature: _____ Date: _____

Roommate Name: _____ USD ID#: _____

Roommate Signature: _____ Date: _____

APPLICANT SIGNATURE: _____

Office Use Only: Approved _____ Denied: _____ **Date** _____

Comments:

_____ _____

Director, Native Student Services Date

_____ _____

Director, University Housing (or Designee) Date