



CANKDESKA CIKANA COMMUNITY COLLEGE

Spirit Lake Tribe

Office of the Registrar

Cankdeska Cikana Community College

PO Box 269 | Fort Totten, ND 58335

Phone: 701.766.1342

Fax: 701.766.1344

registrar@littlehoop.edu

CHANGE OF INFORMATION FORM

Name: _____

Date: _____

Mailing Address: _____

Phone #: _____

Email: _____

Name Change Policy

To legally change your name in student records, you will need to complete a Change of Information Form and bring in your new Social Security card to the Registrar's office. Name changes will only be processed in between semesters.

Legal Name On Record At CCCC:

Name: _____

Student ID# _____

New/Corrected Legal Name:

Name: _____

Documents:

☐ New Social Security Card

Office use only

Date Received _____

Signature _____

Date Completed _____