

**THE TEXTBOOK INVENTORY MANAGMENT SYSTEM (TIMS)  
DISTRICT LEVEL TIMS CONTACT MAINTENANCE FORM  
(FORM TIMS-1 SUBMIT ONE FORM PER SCHOOL DISTRICT)**

**(Please Print or Type Information)**

SCHOOL DISTRICT NAME: \_\_\_\_\_ SCHOOL DISTRICT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

SUPERINTENDENT'S NAME: \_\_\_\_\_

SUPERINTENDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**(This must be an original signature by superintendent in blue ink)**

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PRIMARY TIMS CONTACT PERSON \_\_\_\_\_ (Circle One) NEW REQUEST CHANGE

NAME : \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**(This must be an original signature by primary contact person in blue ink)**

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SECONDARY TIMS CONTACT PERSON \_\_\_\_\_ (Circle One) NEW REQUEST CHANGE

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**(This must be an original signature by secondary contact person in blue ink)**

**SEND COMPLETED FORM TO:**

**SECURITY ADMINISTRATOR  
MISSISSIPPI DEPARTMENT OF EDUCATION  
TEXTBOOK OFFICE  
P.O. BOX 771  
JACKSON, MS 39205**

E-mail: [crspears@mdek12.org](mailto:crspears@mdek12.org)

FAX: (601) 984-8275

PHONE: (601) 984-8273

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**TEXTBOOK OFFICE USE ONLY:**

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_