THE TEXTBOOK INVENTORY MANAGEMENT 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)

PRIMARY TIMS CONTACT PERSON (Circle One)
NAME: _____________________________________________
TITLE: _______________________________________________
PHONE: __________________ E-MAIL ADDRESS: ____________
AUTHORIZED SIGNATURE: _____________________________ DATE: ______________
(This must be an original signature by primary contact person in blue ink)

SECONDARY TIMS CONTACT PERSON (Circle One)
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
SECURITY ADMINISTRATOR
MISSISSIPPI DEPARTMENT OF EDUCATION
TEXTBOOK OFFICE
E-mail: crspears@mdek12.org
FAX: (601) 984-8275
PHONE: (601) 984-8273
P.O. BOX 771
JACKSON, MS 39205

TEXTBOOK OFFICE USE ONLY:

RECEIVED BY: ______________________ DATE: _____________