THE TEXTBOOK INVENTORY MANAGEMENT (TIMS)  
USER SECURITY PROFILE  
(FORM TIMS-2 SUBMIT ONE FORM FOR EACH TIMS USER)  
(PLEASE PRINT OR TYPE INFORMATION)  

DISTRICT NAME: ___________________________ DISTRICT NUMBER: _________  
SCHOOL NAME: ___________________________ SCHOOL NUMBER: _________  

Type of Request (Check One):  
☐ NEW REQUEST  
☐ MODIFY PROFILE OF EXISTING USER REQUESTED EFFECTIVE DATE: _________  
☐ DELETE USER  

NAME: ________________________________________________  
TITLE: ________________________________________________  
PHONE: ___________________________ E-MAIL ADDRESS: ___________________________  

BASED ON THE ACCESS ROLE DEFINITIONS, CHECK THE LEVEL (S) OF USE REQUIRED FOR THIS USER:  
☐ TEXTBOOK COORDINATOR  ☐ PRINCIPAL  

SIGNATURE OF AUTHORIZED School District TIMS CONTACT PERSON DATE: _________  
(This must be an original signature primary contact person in blue ink)  

SEND COMPLETED FORM TO: SECURITY ADMINISTRATOR  
E-MAIL: crspears@mdek12.org TEXTBOOK OFFICE  
FAX: (601) 984-8275 P.O. BOX 771  
PHONE: (601) 984-8273 JACKSON, MS 39205  

MIS OFFICE USE ONLY:  
APPROVED BY: ________________________ DATE: _____________