

**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: \_\_\_\_\_

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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)

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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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**MIS OFFICE USE ONLY:**

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_