

**THE TEXTBOOK INVENTORY MANAGEMENT SYSTEM (TIMS)  
SCHOOL DISTRICT 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 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 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 in blue ink)**

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SEND COMPLETED FORM TO:

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

EMAIL: [crspears@mdek12.org](mailto:crspears@mdek12.org)

FAX: (601) 984-8275

PHONE: (601) 984-8273

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SECURITY ADMINISTRATOR USE ONLY:

APPROVED BY:

DATE: