

**THE TEXTBOOK INVENTORY MANAGMENT 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:

ADDRES:

CITY/STATE/ZIP

PHONE:

E-MAIL ADDRESS:

SUPERINTENDENT'S
NAME:

SUPERINTENDENT'S
SIGNATURE:

DATE:

(This must be an original signature in blue ink)

=====

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)

=====

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)

=====

SEND COMPLETED FORM TO:

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

EMAIL: tims@mde.k12.ms.us

FAX: (601) 354-7590

PHONE: (601) 576-4950

=====

SECURITY ADMINISTRATOR USE ONLY:

APPROVED BY:

DATE: