

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

E-MAIL: crspears@mdek12.org

FAX: (601) 984-8275

PHONE: (601) 984-8273

=====

MIS OFFICE USE ONLY:

APPROVED BY: _____ DATE: _____