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
☐ DELETE USER

REQUESTED
EFFECTIVE DATE: _____

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

DATE: _____

SIGNATURE OF AUTHORIZED School District TIMS CONTACT PERSON

(**This must be an original signature in blue ink**)

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SEND COMPLETED FORM TO: **SECURITY ADMINISTRATOR**
MISSISSIPPI DEPARTMENT OF EDUCATION
EMAIL: tims@mde.k12.ms.us   **OFFICE OF TEXTBOOKS**
FAX: (601) 354-7590   **P.O. BOX 771**
PHONE: (601) 576-4950   **JACKSON, MS 39205**

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SECURITY ADMINISTRATOR USE ONLY:

APPROVED BY: _____   DATE: _____

Revised 07/2015