**![A picture containing text, sign

Description automatically generated]()**

# Mississippi Department of Education

**TIMS USER SECURITY PROFILE**

**FORM for PUBLIC AND NON-PUBLIC SCHOOLS TIMS-2**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SEND COMPLETED FORM TO:** | | | | | | | | | |
| **phone** 601-984-8274  **E-mail** [esimmons@mdek12.org](mailto:esimmons@mdek12.org)  **Website** [www.mdek12.org/OAE/OEER/ TextbookAdoptionProcurement](https://www.mdek12.org/OAE/OEER/TextbookAdoptionProcurement) | | | **Mailing Address**  P. O. Box 771  Jackson, MS 39205-0771 | | **Physical Address**  1252 Eastover Dr. Suite 301  Jackson, MS 39211 | | | | |
| **IMPORTANT NOTE:** Please print or type information. | | | | | | | | | |
| **District Name** | |  | | **District Number** | | | |  | |
| **School Name** | |  | | **School Number** | | | |  | |
| **Select One** | | New Request  Modify Existing Profile  Delete User | | **Requested Date** | | | |  | |
| **Name** | |  | | **Title** | | | |  | |
| **E-mail Address** | |  | | **Phone** | | | |  | |
| **Access Role** | | Based on the access role definitions, check the level(s) of use required for this user: | | | | | | | |
| Textbook Coordinator (District Level)  Principal (School Level) | | | | | | | |
| **A****PPROVED:** |  | | | | |  |  | |  |
|  | TIMS Contact Authorized Signature | | | | |  | Date | |  |

|  |  |  |
| --- | --- | --- |
| **TO BE COMPLETED BY THE TEXTBOOK OFFICE** | | |
| *Textbook Office Authorized Signature* |  | *Date* |