# Mississippi Department of Education

**TIMS 2.0 USER SECURITY PROFILE**

**FORM for PUBLIC AND NON-PUBLIC SCHOOLS 2023**

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| **SEND COMPLETED FORM TO:** |
| **E-mail** esimmons@mdek12.org**Website** [www.mdek12.org/OAE/OEER/TextbookAdoptionProcurement](https://www.mdek12.org/OAE/OEER/TextbookAdoptionProcurement) | **Mailing Address**P. O. Box 771Jackson, MS 39205-0771 | **Physical Address**1252 Eastover Dr. Suite 301Jackson, 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: |
| [ ]  District Level [ ]  School Level  |
| **A****PPROVED:** |  |  |       |  |
|  | *TIMS Contact Authorized Signature*  |  | *Date* |  |

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| **TO BE COMPLETED BY THE TEXTBOOK OFFICE** |
|  |  |  |  |  |  |  |
|  | *Director of Instructional Materials* |  | *Signature* |  | *Date* |  |
|  | *Date received from District* |  | *Date Request sent to ClassGather* |  | *Date Completed* |  |