

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Stephanie Springer, Ph.D.
 Vice Provost for Health Affairs
 and Academic Integrity
 Yale University
 Yale Office of the Provost
 P.O. Box 20833
 New Haven, CT 06520-8333

2. Article Number

(Transfer from service label)

7003 2260 0005 1386 1518

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Phames

☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE

HARTFORD
CT 061

20 DEC '21

PM 7 L

 First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

United States Nuclear Regulatory Commission
 Region I
 Attention: Licensing Assistance Team, NRAS
 2100 Renaissance Boulevard
 Suite 100
 King of Prussia, PA 19406-2713

